



New Zealand  
Immigration Service  
*Te Ratonga Manene*

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Immigration Research Programme

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**Refugee Resettlement Research Project**  
**‘Refugee Voices’**

Literature Review

May 2001



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# **1 Executive Summary<sup>1</sup>**

## **1.1 Introduction**

The Refugee Resettlement Research Project (Refugee Voices) is a research programme being developed by the New Zealand Immigration Service to fill an information gap on the experiences of refugees resettling in New Zealand. A literature review was part of the first phase of the Project. The review aimed to:

- help interested parties understand more fully the process of refugee resettlement, and
- summarise some of the key factors or barriers that impact on this resettlement.

This information will be used to inform the development of resettlement policy and services, as well as for the development of the new research programme.

This paper summarises some of the findings of the literature review. A second part to the review, which described selection and resettlement policies and procedures for refugees and asylum seekers from a number of countries, is not summarised here.

Although the majority of New Zealand refugee studies have been small scale and situation specific, or related to one national or ethnic group, or to one age or gender group, refugees and asylum seekers are an increasing area of study and interest. Internationally there are now a number of large-scale comparative studies and academic journals and publications dedicated to refugee issues.

## **1.2 Refugee Resettlement**

Refugee resettlement must be viewed within the context of broader, international humanitarian policies addressing the causes of forced migration and the principles encapsulated in asylum. It is a notion that provides for both protection and durable solutions for individuals. However, it is a notion open to a range of interpretations in its application.

From 1945 until 1985 resettlement was the preferred approach and was seen as the most appropriate solution for the world's burgeoning refugee population. Since 1985 resettlement has been reserved for refugees most in need of protection, accounting for less than 2% of the global refugee population. Literature suggests that long-term refugees are increasingly the poorest, least educated and most vulnerable among the refugee group. Refugee resettlement is reserved for only a small percentage of the refugee population as a whole, and is aimed, in theory, at those with the greatest need of protection.

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<sup>1</sup> The executive summary was compiled separately by New Zealand Immigration Service staff.

Refugees can be defined as those who flee their country because of persecution or fear of persecution, as well as those joining them in their adopted country who also come from a refugee or refugee-like situation. New Zealand is a signatory to the 1951 United Nations Convention and the 1967 Protocol Relating to the Status of Refugees<sup>2</sup>. New Zealand is among a small number of countries that have traditionally provided for the resettlement of refugees.

### 1.3 Concepts of Resettlement

The definition of resettlement is itself open to question. There is no agreed time limit by which resettlement should have occurred and no agreement on the extent to which refugees should be expected to assimilate rather than integrate with their host society. The concept of refugee resettlement is therefore open to a range of interpretations. Terms commonly used include: acculturation, biculturalism, multiculturalism, marginalisation, assimilation, integration, segregation and settlement. They refer to both the process and the outcome of resettlement, and confirm that there is no agreed definition of what resettlement is or when it has occurred. However, two definitions are:

- *Resettlement* – generally refers to acclimatisation and the early stages of adaptation.
- *Integration* – the longer-term, non-linear process through which newcomers become full and equal participants in all dimensions of society.

The distinction is drawn between assimilation and integration. Assimilation occurs when the group ‘melts into the dominant society’. Integration refers to the situation in which the group ‘interacts with the larger society and also maintains its own identity’.

Personalities and social conditions can have a greater impact than migration by itself, with acculturation strategies depending largely on the individual. Parents, for example, might opt for separation while their children favour assimilation. Different strategies may also emerge for different aspects of the refugee experience, for example integration with respect to language, and separation with regard to cultural traditions.

Thus, integration is not a linear process and settlement does not occur at a similar rate across all aspects of life. Settlement issues can arise long after arrival when migrants (especially those from non-English speaking backgrounds) become elderly and have new health and social needs. Also, people may be well settled in one dimension of their life (e.g. employment) but poorly integrated in other aspects. Alternatively, some members of the migrant family may be well integrated while others are not.

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<sup>2</sup> The UN Convention and Protocol Relating to the Status of Refugees defines a Convention refugee as “any person who by reason of a well-founded fear of persecution for reasons of race, nationality, membership in a particular social group or political opinion (a) is outside the country of his nationality and is unable or, by reason of such fear, is unwilling to avail himself of the protection of that country, or (b) not having a country of nationality, is outside the country of his former habitual residence and is unable or, by reason of such fear, is unwilling to return to that country.”

Some models of resettlement have a psychological and individual/family focus; others recognise that resettlement is a two-way process involving the policies and responses of the host community. Most models point to the need to balance the maintenance of refugees' cultural identity with acculturation into the host society.

#### **1.4 Ethnic Versus Majority Community**

While the refugees' own ethnic community is important, so is the community of orientation and the need to balance the two can be stressful. The ethnic minority may undertake 'culture building' activities to maintain their own cultural identity, while simultaneously imitating the conduct of a dominant group "for the purpose of upward social mobility, which necessitates integration and joining the majority group". Thus individuals within the refugee group may effectively have to choose between striving to integrate with the country of resettlement, while simultaneously maintaining an affiliation or loyalty to their home country.

For refugees from cultures with a strong reliance on the extended family, the maintenance of such familial links within the new country is important for drawing strength to persevere and for guidance in difficult situations. In fact, the importance of informal networks in giving practical help often seemed to be greater than that of formal refugee associations. Social networks based on social relations in the country of origin are obviously an important source of practical help and advice. One role of such networks is to help refugees to look for work or start businesses. Other roles include acting as interpreters of information provided in English and as translators to other ethnic group members. While ethnic solidarity provides refugees with valuable social, economic and information resources, it is most influential at the local level and cannot always solve the most pressing problems facing refugees.

Past experience within the ethnic community have important implications for relations within each community and for the resettlement process. For instance, groups that have arrived over a number of years (e.g. Vietnamese and Cambodians) have many differences among them in terms of class, age, gender, regional origins, religion, ethnicity, education, political beliefs, experience of persecution and war, and time spent in refugee camps. Such differences will influence the ease with which new arrivals become part of the established ethnic community.

#### **1.5 Practical and Personal Needs of Refugees**

Internationally, there is strong agreement on the needs of refugee groups, with access to language classes being high on all lists. English language ability is critical to both economic and social aspects of settlement and integration. Certainly, in New Zealand, the needs appear to be particularly great in the provision of language and education classes, the availability of appropriate and competent interpreters, and access to health services, especially for mental health. Particular groups, such as women, children, and older people, can also be poorly served under the present arrangements.

Refugees arriving in a new country face a number of stressful situations. These include dealing with the loss of family members, unsatisfactory employment and isolation, lack of English skills, difficulties with climate and food, and tensions within the family. A common pattern is for refugees to experience an initial period of excitement and enthusiasm on arrival, which is soon replaced by feelings of guilt at having survived or escaped while others have not, and pining for lost familiar lifestyles. Feelings of distress can progressively dominate with complaints of sadness, emptiness, loneliness and bewilderment.

In fact the discussion in the literature focuses overwhelmingly on the mental health rather than the physical health needs of refugees. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) noted that:

While moving from one culture to another inevitably entails stress, it does not necessarily threaten mental health. The mental health of immigrants and refugees becomes a concern primarily when additional risk factors combine with the stress of migration.... Persons who have been separated from family by events beyond their control – like many refugees – are in a situation of double jeopardy, they are bereft of potentially important sources of support during a difficult time and worry about the welfare of family left behind. (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988:i and 16)

Once they reach their host country, refugees may be reluctant to seek help because of shame and the fear of being labelled ‘crazy’. They fear that such a label would isolate them from their communities and affect their refugee status or employment.

Refugees arrive with a variety of practical and personal needs. Practical needs include:

- accommodation and household effects
- employment
- financial support
- language classes
- access to health care and educational opportunities
- information and tuition in the laws, customs and practices of the receiving country
- access to interpreters.

Personal needs include:

- reunification of families
- recognition and understanding of the trauma they have been through
- access to appropriate mental health services
- friendship, support and acceptance
- the ability to retain their own culture
- the opportunity to make a contribution to their new society.



Asylum seekers also need a speedy decision on their status and to be treated with dignity.

## **1.6 Particular Needs of Women**

A number of writers noted that the refugee experiences of men and women can be very different. Women refugees have special needs. They are more likely to be dependent spouses and to have responsibilities for children. For many, access to language training programmes, like orientation programmes, depends upon childcare facilities as well as reimbursement for childcare expenses, yet many are unwilling to use non-family childcare. Because they are often more enmeshed in family networks than male refugees, family reunification holds great significance for them. Women may also lose their traditional sources of income, but at the same time, have opportunities to work in non-traditional areas, which can itself be stressful.

Traditional gender roles can be affected by disruption of status and power hierarchies, geographical dispersal of kin and friendship networks, new residence patterns, loss of economic resources, differential access to new resources, shifts in work patterns, exposure to strangers with different lifestyles, and different expectations.

Women have some concerns about bringing up children in a different culture, because of the risk of weakening cultural values. Similarly, they may be unwilling to use childcare, even when it is available, both because they are reluctant to leave their children with strangers, and because of their concern about the different values their children may be taught.

Women without partners tend to be a particularly vulnerable group. They tend to be disadvantaged in terms of access to information, social support and socio-economic status, and may experience poorer health than those who have partners. A number of countries, including New Zealand and Canada, have established Women at Risk programmes for refugee women.

## **1.7 Particular Needs of Children and Young People**

Children and young people also have special needs as a result of displacement, particularly in the areas of:

- acculturation and values
- identity
- family relationships
- education.

While many young people do make a successful transition to the new society, the literature generally agrees that young refugees are more at risk than young people as a whole of developing mental health problems, suffering from depression, or resorting to alcohol or drug abuse and delinquency. Commentators agree that more work needs to be

done in this area, investigating young people's pre-migration history and experiences, and developing culturally and age appropriate measures of adjustment.

Family function and relationships may also be disrupted. Parents' experiences may impact on children, particularly when parents cannot reconcile their own issues. Children may try to protect their families and become carers, especially when adults are incapacitated by their own experiences. Communication between parents and children may be difficult, with children wanting to please adults, not raising upsetting topics for fear of repercussions.

Older children can be expected to act not only as cultural brokers but also as interpreters. When this happens in medical situations the impact can be distressing for both young people and adults. The use of children as translators can impact on women's health as they feel loath to talk about gynaecological or emotional problems.

Generational conflicts may develop in families. Girls are particularly at risk of these because traditionally many have led more restricted lives, but adolescent boys can also feel the pressure of conflicting expectations.

Children can also suffer from a decrease in their standard of living or other major changes in their lives, including living in temporary accommodation and therefore attending several schools, and experiencing bullying or isolation at school.

While some literature considers that school can be an important settling factor for children because it provides stability and normality, other studies have found that adjusting to school was one of the most difficult experiences for young refugees. Two themes emerged:

- Marginalisation through lack of English fluency, insecurity, self-consciousness, feeling different, as well as well-meaning teachers causing stress by asking other students to "be nice" to refugees.
- Cultural conflict through different school systems (i.e. more authoritarian student-teacher relationships in Vietnam and China).

## **1.8 Particular Needs of Older People**

Older people face a number of potential stresses on moving to a new culture. These include loss of the status accorded to older people in their country of origin, the demoralisation that accompanies such loss of status, the isolation imposed by limited language skills and the alienation from a culture to which others are adapting more quickly. Older people tend to have less access to language courses and may have difficulty accessing health and other services.

Language proficiency is one of the greatest needs of older people. Lack of it affects their ability to access public and private support services and limits their ability to function within their own home and family if the younger generation speaks only English. Loss of

independence and support through the death of a spouse and a greater need to access services associated with declining health are also issues for older refugees.

Older refugees can be unemployable, and therefore tend to be at end of the line for English courses. They can also be seen to have 'learning difficulties' when other problems are in fact the cause of the trouble, including their health and trauma experiences. Providers often misidentify older refugees' needs. Teachers often assume they want language related to banking, hobbies, grandchildren, celebrations, food, and their previous occupations, when in fact, they also want to learn about dispute management, conversation, form-filling (health and social welfare), reading medicine labels, describing symptoms, news and current affairs.

## **1.9 Particular Needs of Asylum Seekers**

While asylum seekers are not refugees until their status has been approved, a number of studies discuss their needs. These include a speedy decision, dignity, access to health care, information, temporary accommodation, and language tuition. New Zealand, Australian, Canadian and American studies all criticise delays in determining asylum seekers' status and the consequent effects on their health.

### **1.10 Barriers to Resettlement**

The literature is in strong agreement on the barriers to resettlement. Some of the barriers are closely related to an inability to meet refugee needs, while others are related to attitudes or behaviours within the host population.

Social dislocation and separation leads to emotional stress as well as to financial difficulty and practical problems, for example, in maintaining or restoring family relationships and caring for children. Family members have to adapt to a lifestyle and practices that are very different to what they are used to, and which are often based on different values. Refugees' poor health can also inhibit their ability to resettle.

The separation of families between countries can also lead to financial pressures, with family members living in the host country feeling a duty to support others still living overseas. For example, Ethiopian and Somali refugees have an obligation to friends and family left behind in refugee camps in Africa. They are expected to send money, support them and seek to bring them to New Zealand. This can be expensive with some families paying application fees, medical fees and airfares with money saved from benefits and poorly paid jobs.

The lack of a strong ethnic community and the inability to maintain traditional social and familial practices can also be problematic as refugees seek to balance the need for integration with the desire to maintain their cultural integrity. Some groups of refugees are unable to establish strong and united ethnic communities in their new country because old political allegiances continue to influence, and divide, refugee communities.

Efforts to integrate may be further hampered by factors within the host society. Racism, religious prejudice and lack of understanding of the refugees' experience can lead to hostility and discrimination. This can spill over to discrimination within the workplace, compounding language difficulties, the lack of recognition of qualifications and low expectations of refugees' ability. In New Zealand, a shortage of appropriate and affordable accommodation exacerbates other pressures.

In a study of language acquisition in the Laotian refugee community in Wellington, differences were noted in the strength of refugees' relationships with their network and their ability in, use of and need for English. Community members who were well integrated into their community were more likely to have a lower level of ability in English, although they did need and use the language. Conversely, those with weaker network links, were stronger in their reported English ability. Therefore community social networks could act as a protection for those with low English ability, or as a barrier against increasing that ability. However, life in New Zealand means that refugees still needed and used English, whatever their ability level.

A 1997 UNHCR overview on the integration of resettled refugees noted that the constraints to resettlement included, in order of priority:

- lack of employment
- racism and discrimination
- delays in family reunification
- inability to speak the language
- lack of recognition of qualifications and experience
- inadequately resourced integration programmes.

Among these factors, family reunification is of prime concern to refugees while governments tend to put more focus on employment. However, labour market participation remains an important determinant of integration. Refugees who are unemployed from the outset of resettlement, or for long periods, are at risk of becoming socially excluded from the mainstream, since the main source of regular social contact with other groups is often through the workplace. Downward job mobility in New Zealand is also a problem and is mainly due to:

- non-familiarity with New Zealand's economic structure
- poor English proficiency
- low education
- non-recognition of overseas qualifications.

### **1.11 Meeting Refugee Needs**

The literature stresses the importance of involving refugees themselves at every stage and in each area of resettlement. Strategies to meet refugee needs include the development of an overarching and co-ordinated policy and long-term, stable funding for agencies engaged in resettlement. Core values that emphasise accessibility, inclusiveness,

empowerment, cultural sensitivity, collaboration, accountability, and respect should underpin service planning and delivery. Services need to include access to health care, including trauma services, access to language courses and education opportunities, career and vocational guidance, recognition of qualifications, and the right to work.

There is considerable support expressed in the literature for free language tuition for refugees, and many countries provide this. However, language training programmes suffer from restrictive eligibility criteria.

Many refugees receive considerable support from their own ethnic communities, but in some instances these communities are themselves divided or under pressure. They may not be in a position to provide the level of help that new refugees need. There can also be tensions between individual refugees and their communities as well as between individuals, ethnic communities and the host community.

Refugees also need support from the wider community. Discrimination and prejudice, ignorance, and lack of understanding can inhibit the resettlement process. The role of the media in influencing public opinion is also discussed in the literature, as are tensions between countries' need to balance internal pressures against their obligations as a member of the international community.

Refugees typically respond to difficulties finding employment opportunities by creating their own ethnic capitalism, referred to as "ethnic entrepreneurship". Refugees have special needs, tastes and preferences that cannot be met by the non-ethnic sector, so business develops to fill an ethnic niche.

In a programme for refugee microenterprise development based in the USA, funding goes to agencies, which then make grants to individuals. A study of this programme found that the greatest need for many was not capital but training and technical assistance, with refugees needing more training and technical assistance than anticipated. Many of the refugees involved in the programme obtained their capital through their families and local communities rather than relying on the scheme.

These support systems also exist in the New Zealand context. The "tontine" is the name given by Cambodian people to a rotating savings and credit association, which acts as an alternative, informal, mutual financial support group. Such associations are widespread among immigrant communities in the U.S., Australia and New Zealand and are used by Vietnamese, Laotian, Somali, as well as Cambodian communities in New Zealand.

While lack of recognition of qualifications is a major barrier to employment, so is lack of appropriate work experience. This could be addressed by employment schemes assisting with providing relevant work experience.

Specific objectives for refugee outcomes noted by the New Zealand government include developing policies and structures that facilitate for all refugees:

- the establishment of a home
- full participation in, and contribution to, New Zealand's social, cultural and economic life, including participation in employment and education
- matching of opportunities with capacity, and building of opportunities and capacity at the community level
- literacy and fluency in English, as far as possible
- the good health of refugees, including physical, psychological, and spiritual health
- the strengthening of refugee families and their communities within the New Zealand community, and
- opportunities for refugees to sponsor family members to New Zealand (within the scope of the prevailing immigration policy).

Religious groups and municipal schemes are increasingly taking over the responsibility of resettlement services from national immigration authorities worldwide. For the most part, private business is not involved in settlement and integration programmes.

### **1.12 Measures of Integration**

A 1997 survey by the UNHCR shows that resettlement countries generally have little in the way of established criteria for assessing whether refugees have integrated into the host society. The most commonly used measures are economic, with relatively few taking into account the refugees' own perspective. Developing measures of resettlement needs to take account of both subjective and objective factors, as well as of the experiences of different ethnic groups and sub-groups within the refugee community, including women, children and young people, older people, family reunification migrants and asylum seekers.

### **1.13 Conclusion**

The literature acknowledges the increasing demands being made on receiving countries and reflects their attempts to balance humanitarian and moral imperatives against budgetary constraints and social pressures. It also highlights the rather fragmented and *ad hoc* responses of countries to the provision of services for them.

## **Part 1**

### **Introduction**





## **2 Introduction**

The Refugee Resettlement Research Project (Refugee Voices) is a research programme being developed by the New Zealand Immigration Service to fill an information gap in the experiences of refugees resettling in New Zealand. To date there has been no major government sponsored research focusing on the resettlement experiences of refugees. In fact, the majority of New Zealand refugee studies completed since 1990 have been small scale and situation specific, or related to one national or ethnic group, or gender or age group.

Much is of sectoral concern or focuses on a particular geographical location and is in the form of unpublished manuscripts or postgraduate research theses. Previous government funded projects have been in the nature of reviews and have focused on the cost effectiveness of services and their delivery modes. This parallels international experience where until recently there have been few efforts to evaluate refugee resettlement programmes (Majka 1997).

### **2.1 Purpose**

This literature review is part of the first phase of the Refugee Voices Project. It aims to help interested parties to understand more fully the process of refugee resettlement and some of the key factors or barriers that impact on this resettlement. It seeks to inform the development of resettlement policy and services as well as the development of the new research programme.

### **2.2 Objectives**

The review has six main objectives. These are to:

- Define refugee resettlement, including whether different countries frame successful resettlement outcomes differently.
- Describe, internationally and for New Zealand:
  - i) particular resettlement needs of refugees, including describing types of refugees who have been found to require more, or more specialised, assistance than usual to settle into a new country. Attention will be paid to different ethnic, age or gender groups
  - ii) the personal resettlement (adjustment) process followed by individual refugees.
- Describe, internationally and for New Zealand, research results that demonstrate the types of services that lead to positive resettlement outcomes and the types of services that have been found not to lead to increased refugee well-being. Where possible, this objective will include describing how resettlement services have assisted individuals with their personal resettlement process.
- Describe any particular barriers that if present may hinder the resettlement process.

- Describe factors or settlement experiences that have been found to be important in assisting resettlement, and the relative importance of these factors or experiences.
- Identify any indicators or frameworks that are used to measure refugee resettlement and the types of refugee resettlement research used in other studies.

## **2.3 Methodology**

Literature was obtained through a search carried out with the assistance of staff at the Department of Labour Information Centre, the Refugee Status Library, the Refugee and Migrant Service, the ESOL Home Tutor Service and the Centre for Refugee Education.

The authors undertook extensive Internet searches of specialised refugee databases such as REFWORLD, Refugee Research Network (REFLINK), Child Rights Information Network (CRIN); Human Rights Web and International Refugee Documentation Network (IRDN) as well as searches of individual country databases.

A search of other digitised catalogues, including the University of Oxford Refugee Studies Centre, ELDIS and HURIDOCs produced useful material, as did searches of key journals such as the Journal of Refugee Studies, International Migration Review, International Migration and Migration World. UNHCR documents such as the 1997 Review of Resettlement activities and the 1999 Resettlement Handbook were also useful.

The Victoria University of Wellington and the University of Auckland databases were searched, particularly for New Zealand theses and reports on the topic.

The researchers also used their own extensive resources and personal contacts to obtain additional material. They also undertook interviews with six key informants to help focus the literature review.

Contemporary New Zealand material is the mainstay of the review, with a focus on literature from 1980 to the present. This is complemented by literature from the United Kingdom, the United States, Australia, Canada and Europe. As noted above, New Zealand studies tend to be small scale and situation specific. However, the New Zealand literature does gain strength from the similarity of its findings to those from other countries. Indeed, the coherence of views on issues relating to resettlement is a notable feature of the review. The main difference between countries is in their response to those issues.

## **2.4 Terminology**

A number of terms are used in the literature to describe refugees or refugee status seeking people. These terms include 'Convention refugees', 'mandated refugees', 'quota refugees' and 'asylum seekers'.

Several commentators and countries, such as Canada, use the term 'Convention refugees' to cover all refugees accepted under the 1951 United Nations Convention and the 1967

Protocol, regardless of the route by which they come to be accepted as refugees. In New Zealand, the term is more typically restricted to those seeking refugee status outside the refugee quota arrangement New Zealand has with the United Nations.

In this report, the term ‘mandated refugees’ is used wherever possible to describe refugees whose status is confirmed before they reach the host country and who are, in most cases, accepted under the United Nations quota arrangements. Some authors and countries use the term ‘quota refugees’ to refer to this group, and that usage is reflected where appropriate.

The term ‘asylum seekers’ is used wherever possible to refer to people who seek refugee status either on arrival in a country or shortly thereafter. The United States also uses the term ‘asylees’ to describe this group once they have been granted refugee status.

## **2.5 The Review**

The review is in three parts.

Part I Introduction

Part II Five chapters discussing issues relating to refugee resettlement:

- II. Defining refugee resettlement
- III. Needs of refugees and asylum seekers
- IV. Barriers to resettlement
- V. Strategies to meet refugee needs
- VI. Measuring resettlement

Part III Conclusion.

The review complements a parallel publication, which reviews selection and settlement policies for refugees and asylum seekers in a number of resettlement countries.



## **Part 2**

### **Issues Relating to Refugee Resettlement**



## **3 Defining Refugee Resettlement**

### **3.1 Introduction**

This chapter discusses issues relating to conceptualising and defining resettlement, and describes a number of models of resettlement proposed in the literature. There are few indications in the literature as to how individual countries define resettlement, although some indicators are discussed in Chapter 6.

### **3.2 Background**

Refugee resettlement must be viewed within the context of broader, international humanitarian policies addressing the causes of forced migration and the principles encapsulated in asylum. It is a notion that provides for both protection and durable solutions for individuals. However, it is a notion open to a range of interpretations in its application (see, for example, Steen 1993). From 1945 until 1985 resettlement was the preferred and seen as the most appropriate solution for the world's burgeoning refugee population (Chimni 1999). Since 1985 resettlement has been reserved for refugees most in need of protection, accounting for less than 2% of the global refugee population (UNHCR 1997). The International Catholic Migration Commission (2000) suggests that long-term refugees are increasingly the poorest, least educated and most vulnerable among the refugee group.

For the sake of this study, refugees can be defined as those who flee their country because of persecution or fear of persecution, as well as those joining them in their adopted country who also come from a refugee or refugee-like situation. New Zealand is a signatory to the 1951 United Nations Convention and the 1967 Protocol Relating to the Status of Refugees<sup>3</sup>. New Zealand is one of a number of countries who have an annual refugee resettlement quota programme.

### **3.3 Concepts of Resettlement**

It is difficult to find general theories on refugee resettlement because refugees are often considered alongside other migrants when their situations are very different (Joly 1996). Many are involuntary migrants who would have preferred to stay in their home country. As a result, they often want to avoid assimilation.

The literature that does discuss resettlement uses a variety of terms. These include: acculturation, biculturalism, multiculturalism, marginalisation, assimilation, integration,

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<sup>3</sup> The UN Convention and Protocol Relating to the Status of Refugees defines a Convention refugee as

“any person who by reason of a well-founded fear of persecution for reasons of race, nationality, membership in a particular social group or political opinion (a) is outside the country of his nationality and is unable or, by reason of such fear, is unwilling to avail himself of the protection of that country, or (b) not having a country of nationality, is outside the country of his former habitual residence and is unable or, by reason of such fear, is unwilling to return to that country.”

segregation and settlement. They refer to both the process and the outcome of resettlement, and confirm that there is no agreed definition of what resettlement is or when it has occurred.

One difficulty in defining settlement is the open-endedness and variability of the process. Definitions range from ‘securing a permanent footing in a new country’ to ‘full participation in the economic and social opportunity structure of the society’ (Fletcher 1999:8). Most definitions are very general. For example, *settlement* has been defined as:

A long-term, dynamic, two-way process through which, ideally, immigrants would achieve full equality and freedom of participation in society, and society would gain access to the full human resource potential in its immigrant communities. (Canadian Council for Refugees 1998:6)

According to the Canadian Council for Refugees (1998) *settlement* generally refers to acclimatisation and the early stages of adaptation. This is when newcomers make the basic adjustments to life in a new country, including finding somewhere to live, beginning to learn the language, getting a job and learning to find their way round an unfamiliar society. *Integration* is the longer-term process through which newcomers become full and equal participants in all the various dimensions of society. Both *settlement* and *integration* are two-way, complex, long-term, both process and goal oriented, and a matter of individual choice for the newcomer.

Valtonen (1994) draws a further distinction between *assimilation* and *integration*. Assimilation occurs when the group ‘melts into the dominant society’. Integration refers to the situation in which the group ‘interacts with the larger society and also maintains its own identity’. Valtonen (1998) defines the integration of refugees into their adopted countries as a process by which immigrants and refugees engage with, and become part of their resettlement society, particularly with regard to the labour market and education, social interaction, organised activity, and cultural encounter. Immigrant integration implies full and unimpeded participation in society and the access or openness of institutions to all members of society. In this context, integration does not mean assimilation; a degree of ‘ethnocultural integrity’ is implied.

The degree to which refugees are able to retain their cultural identity is important in distinguishing between assimilation and integration. Berry (1980) has developed a typology based on the answers to two questions:

Is my cultural identity of value and to be retained?  
Are positive relations with the larger society sought?

Answers	Outcome
Yes/Yes	Integration
Yes/No	Separation/segregation
No/Yes	Assimilation
No/No	Marginalisation

Cultural change that occurs as a result of contact between groups of people from different cultures rarely falls neatly into a single category. Change may occur differently for



different ethnic groups as well as for different subgroups within a single ethnic group. Adkins, Birman and Sample (1998) note that acculturation may range from assimilation to multiculturalism, with biculturalism generally being seen as more desirable than assimilation. The authors define biculturalism as:

An acculturative strategy where immigrants learn about and adopt some aspects of the new culture but also hold on to aspects of the culture they left behind – such as language, values and way of life. (Adkins et al 1998:6)

The authors believe that preserving the culture of origin is particularly important to the successful adaptation of the immigrant family as a whole.

Berry (1997) notes that refugees face a number of acculturation risks because of the involuntary, migratory and potentially temporary nature of their lives. He believes that personalities and social conditions have a greater impact than migration per se, with acculturation strategies depending largely on the individual. Parents, for example, might opt for separation while their children favour assimilation. Different strategies may also emerge for different aspects of the refugee experience, i.e. integration with respect to language, and separation with regard to cultural traditions.

Thus, integration is not a linear process and settlement does not occur at a similar rate across all aspects of life. Settlement issues can arise long after arrival when migrants (especially those from non-English speaking backgrounds) become elderly and have new health and social needs. Also, migrants may be well settled in one dimension of their life (e.g. employment) but poorly integrated in other aspects. Alternatively, some members of the migrant family may be well integrated while others are not (Fletcher 1999:8).

Kunz (1981) argues that refugees' orientation to their country of origin also has a significant impact on resettlement. He identifies three different groups:

- 'majority-identified' refugees who identify with their nation but not with its government
- 'events-alienated' refugees, who may include religious or racial minorities, who seldom entertain the hope of returning home
- 'self-alienated' refugees, who for various reasons no longer wish to identify with their nation. This group may include revolutionaries.

Refugee groups may also be 'reactive fate-groups' or 'purpose groups' depending on their attitude to displacement. Reactive fate-groups are typically made up of majority-identified and events-alienated refugees fleeing from war or revolutionary change. Self-alienated refugees are typically found in purpose groups.

Kunz makes a number of predictions on resettlement based on these groups. These include that:

- acute refugee movements of reactive fate-groups tend to heighten emotions: the identification of the majority-identified becomes more pronounced, and the alienation of the events-alienated, more definite

- all things being equal, events-alienated refugees adjust more quickly to life and are more successful than refugee settlers who identified with the majority
- reactive fate-groups who in their history have long experience of minority life, tend after settlement, to form communities with emphasis on friendship, customs, self-help and ethnic identity. Such associations of refugee settlers are structurally well-integrated into the host society, and show high participation rates of refugees who, as persons or families, assimilate slowly [into the host society]
- majority-identified reactive fate-groups who have memories of substantial national independence behind them, tend, after their settlement, to form politically-oriented associations. Such associations are structurally alien to the host society, show low participation rates and, by alienating their compatriots, force them to assimilate quickly
- events-alienated refugees in exile may join the ranks of the self-alienated and join purpose groups with them
- initial cultural incompatibility can be overcome by the young and the highly educated with greater ease, but the highly educated in the long run, may remain more impervious to assimilationist pressures than less educated compatriots. (Kunz 1981:49-51)

### **3.4 Models of Resettlement**

A number of models of resettlement have been proposed, including the Canadian Council for Refugees (1998) model described above of a continuum from acclimatisation to adaptation to integration and finally, settlement.

Eisenstadt (1954, cited in Valtonen 1994) has identified four stages of adaptation by refugees to their adopted culture. These are:

- learning language, norms, roles and customs
- learning to handle new roles and situations
- development of a new identity and status image and
- switching over from participation in the institutions of one's own ethnic group to participation in the institutions of the host country.

Joly (1996) cites Stein (1981) who also set out a four-stage pattern of adjustment:

- initial arrival period when refugees are confronted with what they have lost
- first two years when there is a drive to recover what has been lost and rebuild lives
- four to five years when the major part of adjustment is completed; those who cannot see themselves attaining their goal at this point may abandon the effort
- after a decade or more, some stability will have been reached.

Joly notes that the respective length of each stage is likely to vary as a result of a number of factors, and different types of refugees may not go through these particular stages.

Two former refugees now settled in New Zealand have also developed models. In one, Bihi (1999) is critical of Stein's model with its emphasis on psychological interpretations of displacement. He argues that relying on such a model could lead to the misunderstanding that refugees are unable to adjust due to previous suffering, rather than the case that ill-adjustment derives from policy failure. Bihi points out that adaptation is about needs fulfilment and the recovery of meaning and a sense of belonging and the process can go back and forth in relation to past memories, present conditions and projections to the future. Bihi contends that refugee resettlement should involve three simultaneous processes:

- restoration: recovery of livelihoods, health, reconstitution of family and entitlements to basic needs
- maintenance: retaining refugees' cultural identity
- transformation: positive changes in attitudes, learning new ways of thinking and doing, adjusting to new conditions and improvement in many aspects of life (Bihi 1999:12).

Liev and Kezo (1998) propose a model of integration that combines both individual and social factors. The authors identify three groups:

- those who have the will to solve resettlement problems
- those who are negative and hostile to the host community
- those who take resettlement for granted and do not bother to make any effort to improve their situation.

Integration of these groups depends on their integration success factors, which can be summarised in the following model:

Integration	=	Will	x	<div>Individual Strengths</div> <div>-----</div> <div>Individual Weaknesses</div>	x	<div>Assistance</div> <div>-----</div> <div>Stressors</div>	x Time
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The authors argue that the outcome of integration can be improved when stressors and individual weaknesses are minimised. This can be done by appropriate assistance to empower them within an optimal time frame to meet their needs (Liev and Kezo 1998:5).

Liev and Kezo (1998:7) also contend that the process of acculturation depends on the relative strengths of the host community identity and the refugee community identity. They argue that for mature refugee communities, such as the Cambodian, Lao and Vietnamese communities, the process of resettlement seems to incline towards the 'ethnic bias' where there is an emphasis on medium ethnic identity due to their cultural erosion on the one hand and weak integration with the host culture on the other. The nature of integration for refugees from areas such as the Middle East and Africa is still to be seen.

The model is as follows:

Host Culture	Refugee Ethnic Culture			
		Weak	Medium	Strong
	Weak	Marginalisation	Ethnic bias	Separation
	Medium	Host bias	Quasi integration	Ethnic integration
	Strong	Assimilation	Host integration	Full integration

### 3.5 Responses to Resettlement

Both Canada and Australia adopted *multiculturalism* as official policy in the 1970s, which implied an obligation on government to ensure all migrants had access to services and were able to retain their cultural heritage without disadvantage. New Zealand has never adopted multiculturalism as official policy, in part because of the debate in New Zealand over the relationship between biculturalism and multiculturalism (Fletcher 1999:7).

In comparing the French and English approaches to resettlement, Bertrand (2000) describes the former as assimilationist and the latter as more multicultural, with the approach to integration based on supporting the maintenance of the ethnic communities. Finland's approach has also been described as assimilationist (Valtonen 1999).

### 3.6 Conclusion

The literature confirms that there is no one definition of resettlement, nor is there one response to it. Just as there is no one point at which resettlement can be said to have occurred, there is no single process through which acculturation or resettlement takes place. Outcomes may range from assimilation to segregation or marginalisation, with various forms of multiculturalism being the most usual outcome.

## **4 The Needs of Refugees and Asylum Seekers**

This chapter looks first at the needs that emerge as common to all refugee groups then at the specific needs of particular groups, including women, children, older people and asylum seekers. The needs are not discussed in any order of priority, as they are, in fact, often interrelated.

### **4.1 Introduction**

Whether they are mandated refugees, family reunification cases or asylum seekers, refugees arrive with a variety of needs, ranging from the intensely practical to intensely personal. Practical needs include accommodation and household effects, employment, financial support, language classes, access to health care and educational opportunities, information and tuition in the laws, customs and practices of the receiving country and access to interpreters. Personal needs include: reunification of families, recognition and understanding of the trauma they have been through, access to appropriate health services, friendship, support and acceptance, the ability to retain their own culture, and the opportunity to make a contribution to their new society (Leisure and Community Services Unit 1997, Valtonen 1998, Robinson 1999). Asylum seekers also need a speedy decision on their status and to be treated with dignity.

### **4.2 Trauma and Resettlement**

#### **4.2.1 Resettlement trauma**

Refugees arriving in a new country face a number of stressful situations. These include loss of family members, unsatisfactory employment and isolation, lack of English skills, difficulties with climate and food and tensions within the family (Boman and Edwards 1984, Clinton-Davis and Fassil 1992). A common pattern is for refugees to experience an initial period of excitement and enthusiasm on arrival, which is soon replaced by feelings of guilt at having survived or escaped while others have not, and pining for lost familiar lifestyles. Feelings of distress can progressively dominate with complaints of sadness, emptiness, loneliness and bewilderment (Beaglehole 1999, Boman and Edwards 1984).

The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) found that negative public attitudes, separation from family and community, inability to speak English, and failure to find suitable employment are among the most powerful predictors of emotional distress among migrants. The U.S. Committee for Refugees (1999) agrees that language, isolation, financial insecurity, lack of cultural awareness (e.g. Bosnians moving into poor urban areas with many unfamiliar nationalities) and work issues are important.

Work problems include professionals having to take menial jobs, while illiterate refugees have trouble coping in a more highly skilled labour force. McSpadden and Moussa (1993) found that for Ethiopian and Eritrean refugees in North America, the acquisition of employment, preferably of a comparable status to their previous employment at home, was very important. So was being self-supporting, not being a burden on others, and

succeeding by their own efforts (McSpadden 1999). These factors were particularly important for the men, who were used to high status in a very patriarchal society, and who suffered most from the loss of status associated with being a refugee. Tensions can also arise when women find it easier than men do to obtain work, when young people begin to adopt Western cultural values, when women become isolated at home and elderly people lose status.

A study of Indo-Chinese refugees in New Zealand (Pernice 1989), found that discrimination experienced by refugees in their daily lives was a crucial factor associated with high levels of anxiety and depression. Such discrimination was related to perceptions of competition for jobs, resentment of the reputation of Indo-Chinese for working hard over long hours, lack of English language skills; and the xenophobia sometimes associated with economic downturn. In an earlier study of Indochinese refugees in Australia, Boman and Edwards (1984) also found that many felt a sensitivity to and alienation from the Australian community with much difficulty in establishing friendships and with doubts and insecurities about themselves. Many refugees suffered from psychosomatic complaints especially headaches, gastrointestinal upsets and insomnia. The authors described an undercurrent of anger against Australians' lack of sympathy and understanding with their situation.

Another virtually universal risk factor for stress is the lack of an adequate social support network with, for example, frequent moves, lack of proximity to fellow countrypeople, lack of regular contact with their sponsor and marital problems.

#### **4.2.2 Mental health**

The discussion in the literature focuses overwhelmingly on the mental health rather than on the physical health needs of refugees. These needs include both those that they bring to their new country and those that arise in the course of resettlement. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) notes that:

While moving from one culture to another inevitably entails stress, it does not necessarily threaten mental health. The mental health of immigrants and refugees becomes a concern primarily when additional risk factors combine with the stress of migration.... Persons who have been separated from family by events beyond their control – like many refugees – are in a situation of double jeopardy, they are bereft of potentially important sources of support during a difficult time and worry about the welfare of family left behind. (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988:i and 16)

Beiser (1999) argues that concern for new settlers is a blend of compassion and self-interest.

Although humanitarian instincts fuel the drive to make resettlement as easy as possible, receiving societies also need and want to assess the risk that immigrants and refugees will become societal liabilities rather than assets. Mental illness which could strain health care resources or erupt into social pathologies threatening to public order, constitutes one index of liability. (Beiser 1999:54)

Beiser identifies three major paradigms that have dominated scientific and popular conceptions of migrant health. These are:

- migrants bring pre-existing mental disorders with them
- the stresses of resettlement jeopardise previously mentally healthy individuals
- mental illness in migrants results from an interaction between personal predisposition on the one hand, and risk as well as protective factors on the other (Beiser 1999:55).

This section considers the first two of these three concepts.

#### **4.2.3 Effects of trauma prior to arrival**

As well as separation from family, refugees are likely to have experienced what Silove (1994) describes as a 'continuum of trauma', beginning with experiences of social upheaval, danger, deprivation and multiple loss in the home country. This may be followed by a period as an internal fugitive, before escaping to a country of first asylum, often without other family members. Time spent in a refugee camp or similar facility may be followed by resettlement with its associated trauma. There is some suggestion that time spent in refugee camps may provide a buffer between the horror of experiences at home and the resettlement process. Pernice (1989), for example, observed a fairly static level of anxiety and depression among Indochinese refugees arriving in New Zealand, as opposed to a high level of mental health problems on arrival, tailing off over time.

Whether or not Pernice's proposition is correct, as a result of their experiences refugees are at risk of high levels of post traumatic stress disorder (PTSD), anxiety and depression (Lin et al 1979, cited in Pernice 1989, Silove 1994). Australian research suggests that between 20% and 60% of refugees have undergone severe trauma and suffer from PTSD and/or depression, which can appear as somatic pains, sleep disorders and flashbacks (Aggett 1996).

The U.S. Committee for Refugees (1999) believes that refugees and survivors of torture need early access to culturally appropriate mental health services to help them deal both with the trauma they fled and the challenges of resettlement. PTSD symptoms differ depending on culture and background, as well as on exposure to trauma. These differences also affect the recovery process. The Committee suggests that because PTSD can incubate for a long time; mental health orientation in camps before resettlement could help. If refugees are aware of the existence of the problem and can recognise the symptoms, they can seek help early.

Once they reach their host country, refugees may be reluctant to seek help because of shame and the fear of being labelled 'crazy'. They fear that such a label would isolate them from their communities and affect their refugee status or employment (Clinton-Davis and Fassil 1992). There are also difficulties in measuring psychopathology in refugees. Silove (1994) contends that issues of language may be less important than conceptual issues. Interpreters are often inadequate and have insufficient training, while refugees may be unwilling to reveal their feelings or experiences. It is not appropriate to assume that all refugees have been tortured or that torture is the root cause of refugees'

mental health status. Nevertheless, Silove believes that more information is needed on the effects of torture on refugees' mental health. In some cultures, especially in Asia, it is unacceptable to complain to a doctor about feeling despondent, lonely or suicidal. Patients tend to concentrate on physical symptoms, which can lead to misdiagnosis (The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988, U.S. Committee for Refugees 1999).

In New Zealand, North (1995) challenges the view that Cambodian and other Southeast Asian refugees are reluctant to talk about their experiences. This was not her experience in studying illness among Cambodian refugees in New Zealand. Her study also found that although all her informants had experienced traumatic events, they did not identify these as the primary source of their distressing symptoms. Instead, they placed responsibility on:

Past starvation, excessive work and the damage done to 'nerves'. These, together, with the stress and loneliness of living in a foreign society often in conditions of poverty, and subject to the effects of cold, accounted for the majority of symptoms of which my informants complained. (North 1995:431)

They also exhibited high levels of personal strength and resilience in dealing with their past experiences and their transition to a new society. Shadbolt (1996:121) and Bihi (1999:118) make a similar point in relation to Ethiopian, Eritrean and Somali refugees.

The focus of health services offered to refugees is also a concern to some. In a study of Bosnian refugees resettled in Auckland, Madjar and Humpage (2000) found that the medical screening of refugees on arrival seemed to be more concerned with protecting New Zealand from the importation of communicable diseases than with identifying the health needs of the refugees. No assessment of their mental health was carried out and they were released into the community without counselling or follow-up. The Bosnians' use of health services was affected by their lack of confidence in providers, language, transport and cost difficulties, cultural differences and the stigma attached to illness. With the relocation of the Auckland Refugees as Survivors Centre to the Mangere Refugee Reception Centre, an assessment is now done.

#### **4.2.4 Physical health**

Discussion of physical health issues for refugees is limited. A report by the NGO Sector in New Zealand (NGO Sector 2000) is one of the few that discusses physical health issues in general terms. The report notes that:

...refugees and asylum seekers face unique health problems. These are connected to the refugee experience and poor access to and use of health care in the country of origin and/or first asylum. Physical problems may include nutritional deficiencies, dental problems, tropical or parasitic diseases, poor immunisation status, and infectious diseases including conditions of public health significance, for example tuberculosis and HIV. (NGO Sector 2000:39)



The report also draws attention to ongoing health needs following resettlement in New Zealand, including:

- inappropriately managed or neglected chronic health issues of the past, such as Hepatitis B, diabetes and heart disease
- nutritional issues
- issues around genital mutilation, contraception and sexual health
- the effects of torture, violence and physical abuse, including war injuries
- issues around sexual abuse
- failure to thrive issues in children.

Screening for tuberculosis (TB) in refugees is standard practice in many countries. Refugees have increased risk for TB which is typically found in deprived, overcrowded living conditions. Countries where refugees originate tend to have higher rates of TB than are found in receiving countries. The NGO Sector report found that in one study, almost half of the refugees screened at the Mangere Reception Centre in Auckland, almost half had evidence of exposure to TB prior to arriving in New Zealand but only 4% had active disease. Asylum seeker information from the refugee clinic at Greenlane Hospital for 1988 found that 7% of those tested had abnormal chest x-rays, indicating old or current TB, while 39% had had exposure to TB. A majority of those screened (73%) required immunisations, while 33% were anaemic. Treatment, prevention and follow up of TB are provided to those who need it.

While a number of commentators refer to communicable diseases such as tuberculosis and respiratory disease, the main physical health issue for refugees discussed in the literature is HIV/AIDS. Relatively few refugees, at least in New Zealand, are HIV positive. Information from the Mangere screening programme reveals the overall HIV infection rate is just 1% (NGO Sector 2000:43).

Three of the ten countries accepting refugees under the quota system have introduced mandatory testing of refugees as part of more general pre-arrival medical testing requirements. These countries are Australia, Canada and the United States (Reid, Wright-St.Clair & Worth 1997). Pre-testing for HIV is not part of New Zealand policy. HIV screening is voluntary for refugees and asylum seekers but is rarely refused (NGO Sector 2000:43). Reid et al contend that standards for pre- and post-test counselling for refugees in New Zealand are *ad hoc* and unmonitored, with little information on how newly diagnosed refugees cope with their diagnosis. There are no trained and culturally appropriate counsellors for this group and no support services specifically targeted at HIV positive refugees.

Women's health issues have also attracted some comment. These issues include:

- a lack of adequate health screening, particularly cervical and breast screening
- a lack of access to and knowledge of family planning services
- untreated gynaecological/obstetric health problems

- psychosexual and mental health issues following trauma, rape and abuse (NGO Sector 2000:48).

A study in the United States has identified four areas that need to be addressed to help improve women refugees' reproductive health. These are safe motherhood, family planning, HIV/AIDS and other sexually transmitted disease prevention and sexual and gender-based violence (U.S. Committee for Refugees, 2000, August).

Some ethnic groups face specific problems in a new country, such as Somalis with their customary practice of female genital mutilation (Meares 1995). In cases such as these, issues of cultural and racial sensitivity need to be balanced against women's rights issues, with change supported by education, counselling and assistance programmes.

#### **4.2.5 Need for interpreters**

The literature is in agreement that interpreters are a key health need for refugees (see, for example, NGO Sector 2000). In a study of refugees' health needs in Porirua, Blakely (1996) found that language difficulties were a problem for all those in the study, especially for women staying at home, who were dependent on home tutors. The U.S. Committee for Refugees (1999) believes that bicultural multilingual interpreters are essential. Without them, misdiagnosis and inappropriate treatment can be a problem. In Australia too, Boman and Edwards (1984) identified problems with interpreters. They found that some felt embarrassed when called on to ask questions about finance, sex or suicide, and that there could be misinterpretations due to language deficiencies, or associated with the interpreter's lack of psychiatric knowledge or relatives tending to minimise or emphasise psychopathology.

### **4.3 Employment**

Labour market participation is an important component of integration, yet there is widespread agreement that obtaining appropriate or any employment is often difficult for refugees.

#### **4.3.1 Downward mobility**

Farmer & Hafeez (1989) observed that among Southeast Asian refugees in New Zealand, downward job mobility was due to non-familiarity with New Zealand's economic structure, poor English proficiency, low education and non-recognition of overseas qualifications. Wooden (1991) describes a similar situation in Australia, based on an analysis of data from the Longitudinal Study of Migrants to Australia, with refugees having a probability of employment close to 20 percentage points lower than otherwise comparable non-refugees. Over time, for males, this difference narrows, but is never eradicated. He suggests the gap is probably a result of relatively poor language skills rather than discrimination.

Bach and Carrol-Seguin (no date) came to similar conclusions in the United States, with refugees persistently 10 to 15 percentage points below the general population in their rate of participation in the workforce and, once they were in the workforce, they experienced

higher rates of unemployment. They attributed these results to education levels, which they rated as most significant, English proficiency on arrival, household composition, with the presence of children constraining both sexes, the receipt of assistance, which provides less incentive to work, and type of sponsorship. They also refer to ethnic communities in which, for example, women are under greater pressure to remain at home or where there is a network concentrated in low-wage, low-skill jobs. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) describes a similar situation in Canada and suggests similar explanations. Bloch (2000) cites a national survey in Britain that found that 36% of refugees were unemployed, compared with average white unemployment of 8% and minority unemployment of 19%. Those refugees who were employed tended to be in secondary sector jobs with low pay and poor terms and conditions of employment. More than two-thirds of those surveyed were in jobs unsuited to their qualifications. Beiser (1999:105) suggests that it takes immigrants 10-12 years to reach their economic potential.

In New Zealand too, Chile (1999) notes that NZQA and professional organisations disagree on the recognition of some refugees' qualifications and professional knowledge is often masked by language difficulties. English courses are not given credit at different institutions, there are limited retraining courses for professions and little discourse between migrants and professions regarding the skills gap.

Refugee migrants often experience a drop in employment status relative to their position back home (Valtonen 1994, Chan and Christie 1995). Chan and Christie (1995:83) observe that refugees often face "blocked opportunity and confinement to the secondary labour market on the basis of ethnicity". In discussing Tamil refugees in Denmark, Steen (1993) points to institutional barriers to individuals' achievement of employment comparable to that which they had at home. Staff in employment agencies required refugees to apply for comparatively menial jobs, even when they had been professionals or skilled tradespeople in their own country.

In Australia, Iredale and D'Arcy (1992) found that refugees fared worse than other non-English speaking background immigrants in terms of unemployment, earnings and occupational attainment. Their unpreparedness for departure, experiences of trauma and torture and disruptions to education and working life contributed to their situation. In their study, refugees were less likely than other immigrants to have resumed work in their occupations, even though they were more likely to have had a managerial/administrative, professional or paraprofessional job in their country of origin. The authors surmise that proficiency in English language, settlement problems, inappropriate job-seeking skills, lack of support networks, inadequate information, biased employer attitudes and the prevailing economic circumstances are all possible explanations.

VandenHeuvel and Wooden (1999) came to similar conclusions in their longitudinal study of immigrants to Australia. Immigrants who entered Australia on humanitarian grounds had lower labour force participation and higher unemployment rates than those who entered on the basis of job-related or business skills. Differences in labour market success were also related to English language speaking skills. Humanitarian entrants were

concentrated in unskilled jobs and showed less mobility over time. While the Humanitarian and Preferential Family entrants reported the lowest median incomes of all groups over the three and a half year survey period, the percentage earning *some* income increased considerably over that time<sup>4</sup>. With the Humanitarian entrants, 78% received unemployment benefits at the first interview at 6 months after arrival. This was down to 30% at the three and a half-year interview.

A 1997 study by Lee was in accord with these conclusions. She found that most Indochinese refugees become self-sufficient within 3 to 5 years of arrival, but most were employed in low skilled manufacturing jobs. As well as a lack of English proficiency and work skills, their economic opportunities were affected by the economic recession and a reduction in unskilled and semi-skilled jobs. Lee found no evidence of substantial social mobility in the Australian Vietnamese community. The 'mobility blockage' over time, at least for the first generation, seems to be supported by research on Indochinese refugees in other resettlement countries such as the US, Britain, France, the Netherlands, Belgium, Germany and Switzerland where they have to compete for work with other retrenched workers and with new arrivals (Lee 1997).

A New Zealand study (Basnayake 2000) explored the experiences of Sri Lankan migrants, some of whom would be refugees. Ninety-six per cent had a tertiary qualification, with 75% being in professional occupations before coming to New Zealand, yet over half had taken up positions lower than those previously held.

An analysis of 1991 New Zealand Census data (Liev 1996) showed that the average size of Cambodian households was greater than the national average, with most households having more than five occupants. The aged and unemployed made up one third of the population and children under 15 made up another third, with 1131 economically active adults supporting 3187 economically dependent people. Liev concluded that most Cambodians arriving in New Zealand during the 1980s found employment through sponsors, relatives, friends or word of mouth. Most worked in manual labour, with those coming from professional backgrounds finding it hard to obtain employment in their own field.

#### **4.3.2 Entrepreneurship**

As a response to difficulty finding employment opportunities, Chan and Christie (1995) found that refugees typically respond by creating their own ethnic capitalism, referred to as "ethnic entrepreneurship". Refugees have special needs, tastes and preferences that cannot be met by the non-ethnic sector, so business develops to fill an ethnic niche. Valtonen (1998) also observed this phenomenon in the context of Middle Eastern refugees in Finland.

Else and Clay-Thompson (1998) discuss an American programme for refugee microenterprise development. Funding goes to agencies, which make grants to individuals. The study found that the greatest need for many was not capital but training and technical assistance, with refugees needing more training and technical assistance

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<sup>4</sup> The analysis only related to responses from the Principal Applicant.

than anticipated. Many of the refugees involved in the programme obtained their capital through their families and local communities rather than relying on the scheme. Liev (1996) has described such support systems in the New Zealand context. The “*tontine*” is the name given by Cambodian people to a rotating savings and credit association, which acts as an alternative, informal, mutual financial support group. Liev notes that such associations are widespread among immigrant communities in the U.S., Australia and New Zealand and are used by Vietnamese, Lao and Somali communities in New Zealand as well as by Cambodians.

Financial burdens among these communities are exacerbated by the obligation to send money to relatives and friends in refugee camps. Many find it difficult to access mainstream lending institutions because of language barriers, the complexity of the system, marginalisation due to credit conditions and criteria and the lump sum deposits needed for investments, as opposed to the instalments used in tontine (Liev 1996:30-31).

#### **4.4 Proficiency in English**

This is an area which commentators in all receiving countries agree should be given high priority. As noted in the previous section, English language ability is critical to both economic and social aspects of settlement and integration (Fletcher 1999:46).

In New Zealand, it is acknowledged that of all the factors that will assist resettlement in New Zealand, proficiency in English is one of the most important (Coghill and Gubbay 1988, cited in Altinkaya and Omundsen 1999, Fletcher 1999, Zwart 2000).

English language tuition is provided in New Zealand at the Mangere Reception Centre and also for refugee children while at school. Once refugees complete the six-week course at Mangere, quota refugees are eligible for English language training provided through the Training Opportunities Programme (TOP), provided that they are registered with the Department of Work and Income (DWI). They are also eligible for DWI courses, Polytechnic courses which are Crown-subsidised and can also access the services of the English for Speakers of Other Languages (ESOL) Home Tutor Scheme (Skill New Zealand: 2000).

However, in reality, once refugees finish the six-week course at Mangere, on the whole they must fund the majority of their own language tuition. Liev and Kezo (1998:11) note that there is high competition for English language courses with long waiting lists. Refugees who are unable to access free TOPs courses may raise student loans to attend courses, thus incurring debt.

Several New Zealand studies have confirmed the problems that refugees face in improving their language ability. Both Shadbolt (1996) and Chile (2000) found that while African refugees were anxious to participate in New Zealand society, lack of English language ability severely limited them. In Shadbolt’s study, refugees from rural areas and mothers of young children had noticeably less fluency in English and were consequently disadvantaged with regard to integration into New Zealand. The cost of courses caused

them much hardship, as did the inability to attend full-time. The need for childcare also caused anxiety for those without the support of family members.

In the Australian longitudinal study (VandenHeuvel and Wooden 1999), the Humanitarian visa entrants and the Preferential Family entrants continued after three and a half years to have the lowest proportion of immigrants who spoke English well. It is possible that more of this group come from non-English speaking backgrounds than other migrants. Humanitarian migrants were most likely to have used the Adult Migrant English Program to improve their English, and contrary to expectation, among this group, a far greater proportion of women than men improved their English skills.

There is considerable support for free language tuition for refugees, and many countries provide this. In Australia, for example, adults receive up to 510 hours free tuition, while in Canada, language instruction is free for all adults in a family with no proficiency cut off. In an Auckland University of Technology (2000) submission, the authors summarise the main arguments for greater support for language tuition. They are that:

- unlike other migrants, refugees have no choice in coming here, and little pre-arrival awareness
- on-arrival refugees are unlikely to have financial resources to pay for learning English
- refugees are unlikely to have had the chance to learn English prior to arrival
- refugees are less likely to be literate in their own language
- refugees are more likely to have had disrupted education, and be unused to formal learning
- refugees are more likely to have health and social problems detrimental to learning, including trauma and family separation. (AUT 2000:5)

The situation is particularly severe for asylum seekers. Claimants may enrol with the Department of Work and Income (DWI) and claim a benefit. Once they are registered with DWI, they are immediately eligible for Training Opportunities Programme (TOP) assistance as they have the same status as quota refugees until their status has been determined. However, demand for courses is high and relatively few asylum seekers are able to secure a place.

Altinkaya (1995) notes that the lack of accessible English classes, interpreters, or translated material has the potential to create an *underclass of refugees*. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) agrees that language training programmes suffer from restrictive eligibility criteria. In particular, many immigrant women and older people are cut off from classes while others suffer from inadequate and inconsistent assessment and referral practices.

In 2000, White (2000) surveyed a number of New Zealand immigrants, including refugees, and found that immigrants expected English classes to be more available and to have more opportunities to practise their English. Refugees and family reunification migrants had more difficulty than other migrants in finding English classes and were hindered from taking up classes because of family responsibilities.

In a study of language acquisition in the Lao refugee community in Wellington, Smith (1997) found differences in the strength of refugees' relationships with their network and their ability in, use of and need for English. Community members who were well integrated into their community were more likely to have a lower level of ability in English, although they did need and use the language. Conversely, those with weaker network links, were stronger in their reported English ability. She concluded that community social networks can act as a protection for those with low English ability, or as a barrier against increasing that ability. However, life in New Zealand means that refugees still needed and used English, whatever their ability level.

#### **4.5 Social Support**

To be able to combat the various problems they face in the country of resettlement, refugees need efficient associations and social networks. According to Wahlbeck (1998), the existence of strong ethnic communities, both in terms of formal associations and informal social networks within communities, is important for the process of migrant resettlement. Elliott (1997:144) notes that successful resettlement requires "large enough numbers to accommodate interconnecting social group formation coupled with geographical proximity to allow regular social contact".

Valtonen (1994) found that, for refugees from cultures with a strong reliance on the extended family (e.g. Vietnamese), the maintenance of such familial links within the new country was important for drawing strength to persevere and for guidance in difficult situations. This was particularly important for those who had difficulty with the language of the new country or other difficulties making new social contacts. Bertrand (2000) also found that in the United Kingdom (UK), ethnic associations generally help to provide better access to health care and social services for refugees. He notes that:

They are particularly helpful for Vietnamese refugees who usually do not want people to be aware of any difficulties they are facing, and tend to keep their suffering more or less confined within the community. Trained social workers from the refugee communities provide good support for the refugees and often help to reduce stress and to promote understanding of the new society. The associations also help to develop better relations with employers. (Bertrand 2000:8)

Robinson (1993) also identified a pre-existing ethnic community to which refugees can turn to for emotional, material and financial strength as critical to refugees' socio-economic success.

It is not clear what size an ethnic community needs to be in order to be able to support new arrivals. In a comparative study of Vietnamese refugees in Finland and Canada, Valtonen (1999), the author describes the Finnish Vietnamese community of 300 including children, as of 'moderate size', and sufficiently large to preclude isolation and support retention of the culture, at least in the short term. She adds, however, that this community lacks the numbers to support formal organisational structures.

In an English study, Wahlbeck (1998) found that friends and relatives played a major role in helping newly arrived Kurdish refugees with their problems in London. In fact, the importance of informal networks in giving practical help often seemed to be greater than that of formal refugee associations. Social networks based on social relations in the country of origin are obviously an important source of practical help and advice. One role of such networks is to help refugees to look for work or start businesses. Other roles include acting as interpreters of information provided in English and as translators to other ethnic group members (Elliott 1997). Gold (1992) found that while ethnic solidarity provides refugees with valuable social, economic and information resources, it is most influential at the local level and cannot always solve the most pressing problems facing refugees.

While the refugees' own ethnic community is important, so is the community of orientation and the need to balance the two can be stressful. The ethnic minority may undertake 'culture building' activities to maintain their own cultural identity, while simultaneously imitating the conduct of a dominant group "for the purpose of upward social mobility, which necessitates integration and joining the majority group" (Chan and Christie 1995:85). Thus individuals within the refugee group may effectively have to choose between striving to integrate with the country of resettlement, while simultaneously maintaining an affiliation or loyalty to their home country.

Bihi (1999) supports the idea of choice. He describes cultural identity as an important asset that enables refugees to cope with many adversities, to find support from others, and to help them function as normal human beings, but argues that refugees should be able to choose whether they retain their identity or not.

They need to have the option of selecting what to retain in their culture from what is not so important to them. Central to this is to have the power to make informed choices as part of the adaptation process. If refugees feel comfortable to adopt more of the local culture, that is totally admissible. What is unacceptable is to impose and apply unfair pressures on refugees so that they are forced to conform to local social norms and values. That is tantamount to disempowerment and is detrimental to refugee well being. (Bihi 1999:119)

Valtonen (1994) found that, among Vietnamese refugees in Finland, interaction within the group predominated due to the highly cohesive social structure of the Vietnamese community. In spite of this, secondary contacts occurred in workplaces, schools, and with 'friend families' (through a scheme organised by the Red Cross). She concluded that the community was maintaining cultural and social identity and at the same time fostering contacts with the wider society. Thus, the extended family structure of the Vietnamese, "torn apart by displacement and exile", was being rebuilt in a new form in the resettlement environment. In a later study, (Valtonen 1998) she observed the strong links which Middle Eastern refugees had with their immediate ethnic communities in Finland. These were an important source of social and practical support.



Past experience within the ethnic community have important implications for relations within each community and for the resettlement process. For instance, groups that have arrived over a number of years (e.g. Vietnamese and Cambodians) have many differences among them in terms of class, age, gender, regional origins, religion, ethnicity, education, political beliefs, experience of persecution and war, and time spent in refugee camps. Such differences will influence the ease with which new arrivals become part of the established ethnic community (Elliott 1997).

In a study of Bosnian refugees in New Zealand, Madjar (2000) noted that established ethnic communities from the same country are usually seen as an important source of support for new arrivals. However, there are often tensions within communities. In his study, refugees saw established immigrants as possessing false impressions of Bosnia in general, and about them as people. They felt that the government relied too heavily on erroneous information provided by established groups. Interpreters and others with whom they came into contact were often from a different part of the former Yugoslavia and appeared to view incoming Bosnians as ignorant, poor and backward. The result was that refugees often felt humiliated and dissatisfied with their interpreters. The refugees were expected to board with families from the ethnic community, but the Bosnians took strong exception to living with strangers. Factionalism within the community strained relations.

The role of sponsors in resettlement has been widely reported but little researched. Sponsors may be members of the refugee's own community or other citizens, such as members of church groups or other organisations. In Shadbolt's (1996) study, most of her Ethiopian and Eritrean informants reported that the sponsor played a major role in fulfilling their basic needs during the early months of resettlement, particularly in their role as an 'enabler'. Some refugees needed further assistance from their sponsors in obtaining employment, as well as support in applying for family reunification (Shadbolt 1996:128). Henderson (1999) found similar results in a study covering a wider range of ethnic groups. However, many sponsors lose contact with their families they have sponsored within a few years (Elliott 1997).

A small study in Christchurch by Baré (1999) explored the expectations of sponsors and some Kurdish refugees. He identified a lack of clear, co-ordinated information for refugees explaining what they were coming to in general and what, in particular, they could reasonably expect of their sponsors. The sponsors also experienced frustrations and delays. Sponsors' and refugees' expectations were ill-matched. Baré notes that:

Differences in expectations can cause misunderstandings and disappointments but these can also become opportunities to discuss and resolve the problem. (Baré 1999:1)

Like others, Baré recommends that more work be done in this area.

## 4.6 Family Reunification

Refugees place family reunification high on their list of needs (Leisure and Community Services Unit 1997, UNHCR 1997, the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988, NGO Sector 2000). They feel a sense of responsibility and obligation to care for family that is basic to the values of their home cultures. Family reunification also lessens the sense of isolation and alienation that hinders the adjustment process, and, according to Chan and Lam (1983:13, cited in Abbott 1997), “provides the individuals with a meaning, a justification and a direction for the future”. Abbott notes that:

Even though the likelihood of successful reunification is small and the decision beyond the control of the applicant, it is a practical step that meets the emotional needs of the subjects: the need to bring the family to safety; the need to alleviate feelings of guilt by demonstrating to their relatives that they are doing everything possible to help them; the need to maintain hope for a safe reunion; the need to re-establish in Australia a familiar environment of family, friends and support to assist in the resettlement process. (Abbott 1997:82)

Shadbolt (1996) records a similar response among Ethiopian and Eritrean refugees in New Zealand.

However, a paper prepared by the NGO sector in New Zealand (2000) notes that present policy requirements for family reunification are often unachievable, requiring fees, documentation and medical and psychiatric reports.

In the Australian longitudinal study (VandenHeuvel and Wooden 1999), humanitarian entrants were more likely than other migrants to have sponsored or applied to sponsor a relative, usually a sibling or spouse, to migrate to Australia. Fifteen percent of the group had sponsored two or more people.

Family reunion is a high priority for all refugees, and of particular importance in cultures where family is the only trusted source of childcare. Bosnian refugees interviewed by Madjar (2000) pressed the authorities to accelerate family reunification and, where this was successful, found that family reunion made resettlement easier.

## 4.7 Women

A number of writers note that the refugee experiences of men and women can be very different. Colson (1999) points out that traditional gender roles can be affected by disruption of status and power hierarchies, geographical dispersal of kin and friendship networks, new residence patterns, loss of economic resources, differential access to new resources, shifts in work patterns, exposure to strangers with different lifestyles and different expectations.

Without the women having protection from traditional family networks, men may be more likely to physically abuse their wives. Certainly one NGO mentioned in the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) study reported a high level of physical abuse among women using its services.

Chambers (1989, cited in Colson 1999) points out that women are often disadvantaged in relation to men by resettlement, as they often lose their traditional sources of income, while their husbands acquire a monopoly over new income. Furthermore, women from 'traditional' (agricultural) cultures, who may have formerly been responsible for providing food for the family, may be replaced in this role by men (McMillan 1995, cited in Colson 1999).

On the other hand, McSpadden and Moussa (1993) found that male refugees from Ethiopia and Eritrea in North America were used to a higher status than women in their culture of origin. They found it difficult to come to terms with a lower status and limited opportunities on resettlement, leading to a high level of depression and even suicide among this group, and a high incidence of violence by men towards their wives. In contrast, women from these cultures had already experienced conflict in their home environment between their traditional roles and individual aspirations. This, along with the traumatic experiences of flight and asylum (including rape, and the possibility of prostitution as the only survival strategy) made the women realise that for them, a much lower status than 'menial' employment was possible. Consequently, they tended to see the new environment as offering more possibilities in the long term, and to have less difficulty in accepting a low position in the short term. Matsuoka and Sorenson (1999) recorded a similar phenomenon in relation to the same population.

Matsuoka and Sorenson (1999:220) also point out that women from cultures where women are traditionally disadvantaged in terms of access to education (e.g. Eritrea) are also disadvantaged in relation to the men in "developing language facility and securing employment" in their host countries. Stanton (1995) found that lack of proficiency in English affected 95% of women in the Wellington Somali community. Of women refugees arriving in New Zealand between January 1982 and June 1993, only 11% had good English language skills. Many find it difficult to access English classes (Jenkinson, MA Thesis, no date).

Women have some concerns about bringing up children in a different culture, because of the risk of weakening cultural values. Similarly, they may be unwilling to use childcare, even when it is available, both because they are reluctant to leave their children with strangers and because of their concern about the different values their children may be taught (Jenkinson no date, Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988).

Even women refugees who are well educated may face particular barriers to employment. Man (1998), for example, found that highly educated Somali women professionals were unable to find permanent employment in Britain despite an urgent need for Somali speakers in teaching, medicine and social work. This was because Somali qualifications

are not recognised in Britain, and few refugee women have the resources to undertake the necessary training to allow them to work. The experience was similar in Canada where institutionalised discriminatory processes such as the requirement of “Canadian experience” and the inadequacy of an accreditation system to calibrate immigrants’ qualifications made it difficult for Chinese immigrant women to obtain employment commensurate with their qualifications and experience.

Women without partners tend to be a particularly vulnerable group (Manderson et al 1998). They tend to be disadvantaged in terms of access to information, social support and socio-economic status. Compared with women refugees with partners, women without partners in Australia were more likely to suffer ill health; both physically and mentally, and to have nightmares. They were also less likely to receive help from government employees, to make new friends and get social support, to earn money or to drive cars (Manderson et al 1998). A number of countries, including New Zealand and Canada, have established Women at Risk programmes for refugee women. The purpose, in the case of Canada, is:

...to offer resettlement opportunities that might not be otherwise available to women whose ability to start life anew is hampered by young dependent children, poor ability in either official language, weak job skills, or a combination of these factors. (Citizenship and Immigration 2000)

Such women normally have no family or friends available for support or protection. They are therefore vulnerable to the threat of rape, or other forms of violence to themselves or their children. The programme is specifically for women who do not normally meet the eligibility requirements for acceptance under the refugee or humanitarian categories. Most will have special needs, requiring specialised assistance. They may have good long-term settlement prospects, but due to the traumatic effects of their experience require assistance. Some will have poorer prospects due to education, language or employment difficulties, or the presence of young children.

#### **4.8 Children and Young People**

A number of studies have explored the effects of displacement and resettlement on children and young people. The effects are most marked in the areas of acculturation and values, identity, family relationships and education.

Eisenbruch (1986) suggests that uprooted children, whether separated or with their families, are likely to experience powerful grief, not only in response to personal loss, but also to the loss of their culture. Uprooting does not necessarily lead to physical and mental dysfunction, with children being protected by a positive personality disposition and a supportive family milieu. Eisenbruch cautions against the Western emphasis on the individual and believes that it is essential to regard the entire refugee community as a single social group experiencing collective grief for the loss of its identity. This can be “treated” by consolidating the old culture, and considering uprooted children within the context of their social and cultural structures. Richman (1998) agrees that loss of culture

and family, along with arrival in an unfamiliar land can lead to an identity crisis that can take a long time to resolve. Hyman, Vu and Beiser (2000) also found that incompatible value systems can cause stress, with many young people feeling ambivalent about their cultural identity.

Eisenbruch believes that refugee children are vulnerable to “disrupted development time”, which can be addressed by regrouping family members or creating ‘pseudofamilies’. Elliott et al (1995) note that age is an important factor with young children’s wellbeing depending on the wellbeing of their parents. With primary school children, a supportive educational environment is a major factor in aiding resettlement, while adolescent children are most at risk.

#### **4.8.1 Children’s health**

Eisenbruch notes that there is a high prevalence of chronic illness among refugee children, as well as emotional problems, which can improve markedly with time. However, where problems are obscured, later emotional problems, but not necessarily formal psychiatric illnesses, can appear. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) also found a mistaken belief that children ‘grow out of’ their problems and cannot become clinically depressed.

Eisenbruch proposes a moratorium on acculturation for children during which they can come to terms with their identity, and retrieve some of what they have lost. Schools can also help children ‘be themselves’, instead of encouraging them to assimilate in the classroom. The need is for a balance between maintaining their identity and being accepted by peers. Elliott et al (1995) disagree, suggesting that attempts to ‘protect’ refugee youth from their experiences may be misguided. Some youth are well informed about the political situation in their country and may want to discuss it. At the same time, there are no measures of the effect of constant reminders of war (TV news etc) on refugee youth.

#### **4.8.2 Children’s family relationships**

Family function and relationships may also be disrupted. Richman (1998) points out that parents’ experiences may impact on children, particularly when parents cannot reconcile their own issues. Children may try to protect their families and become carers, especially when adults are incapacitated by their own experiences. Communication between parents and children may be difficult, with children wanting to please adults, not raising upsetting topics for fear of repercussions. A U.S. Committee for Refugees (1997) report describes the situation of many young refugees:

Teenagers also assume a lot of responsibility for their parents, because they are often the first to be bilingual. This means they are paying the bills, doing the shopping, and worrying about their parents while also dealing with their own trauma. Kids walk around on eggshells trying not to cause more distress to the family. (U.S. Committee for Refugees 1997:4)

Some children have faced prolonged separation from their parents and reunification after such a long period brings its own stresses (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988).

Older children can be expected to act not only as cultural brokers but also as interpreters. When this happens in medical situations the impact can be distressing for both young people and adults (Elliott et al 1995, Liev and Kezo 1998, Richman 1998). Richman specifically comments on the use of children as translators impacting on women's health as they feel loath to talk about gynaecological or emotional problems.

Generational conflicts may develop in families. Girls are particularly at risk of these because traditionally many have led more restricted lives, but adolescent boys can also feel the pressure of conflicting expectations (Richman 1998).

#### **4.8.3      Schooling**

Richman (1998) believes that school can be an important settling factor for children because it provides stability and normality. However, studies in New Zealand (Humpage 1999) and Canada (Hyman et al 2000) found that adjusting to school was one of the most difficult experiences for young refugees. In the Canadian study, two themes emerged:

- Marginalisation through lack of English fluency, insecurity, self-consciousness, feeling different, as well as well-meaning teachers causing stress by asking other students to “be nice” to refugees
- Cultural conflict through different school systems (i.e. more authoritarian student-teacher relationships in Vietnam and China). (Hyman et al 2000)

Disruption in education can lead to experiences of failure at school and stress can be compounded by differences between the culture at school and at home (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988). Children can also suffer from a decrease in their standard of living or other major changes in their lives, including living in temporary accommodation and therefore attending several schools, and experiencing bullying or isolation at school (European Commission on Refugees and Exiles Task Force on Integration: Education 1999).

New Zealand and Australia refugee students also had difficulty adjusting to different school styles, particularly to what they saw as a lack of discipline in the classroom (Boman and Edwards 1984, Humpage 1999). The Somali students in New Zealand had difficulty interacting with other students due to cultural barriers, religion and behavioural expectations. Elliot et al (1995) note that children may want to integrate more with their peers but lack language and social skills. Teenagers lack the confidence to invite others to their homes or functions and are not invited in return. Humpage (1999) found that teachers contributed to the problem by displaying a lack of cultural knowledge as well as a lack of understanding of refugee experiences and of the special learning needs of refugee students.

Parental expectations can add to the stress young refugees experience (Boman and Edwards 1994, Humpage 1999, Hyman et al 2000). Students tend to work long hours and

see any kind of failure as a cause of shame. Their priority is achievement, rather than a social life.

While many young people do make a successful transition to the new society, the literature generally agrees that young refugees are more at risk than young people as a whole of developing mental health problems and resorting to alcohol abuse, drug addiction, delinquency and depression (Hyman et al 2000). Commentators also agree that more work needs to be done in this area, investigating young people's pre-migration history and experiences and developing culturally and age appropriate measures of adjustment.

#### **4.8.4 Separated children**

Separated children or "unaccompanied minors" are a particularly vulnerable group. The Separated Children in Europe Programme (Ruxton 2000) defines separated children as:

Children under 18 years of age who are outside their country of origin and separated from both parents, or their legal/customary primary caregiver. Some children are totally alone while others may be living with extended family members. All such children are separated children and entitled to international protection under a broad range of international and regional instruments. (Ruxton 2000:22)

Ruxton notes that in the period following arrival, these children can be faced with complex asylum procedures which are not fully explained to them. They may be subject to difficult interviews and medical procedures, and may be detained in reception centres or similar facilities. It is therefore particularly important that the rights of children be recognised and that all decisions are made on the principle of "the best interests of the child". Wherever possible, children need to have the right to participate in decisions, and be supported by the early appointment of guardians and legal representatives, the availability of interpreters, access to education and child-friendly environments. In Europe at least, most separated children are allowed to remain in the country of application, while a minority are returned to their country of origin.

### **4.9 Older People**

Older people face a number of potential stresses on moving to a new culture. These include loss of the status accorded to older people in their country of origin, the demoralisation that accompanies such loss of status, the isolation imposed by limited language skills and the alienation from a culture to which others are adapting more quickly (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988:80). The numbers from any one group are likely to be low and many remain isolated at home (Crosland 1995).

Language proficiency is one of the greatest needs of older people. Lack of it affects their ability to access public and private support services and limits their ability to function within their own home and family if the younger generation speaks only English. Fletcher (1999:57) identifies loss of independence and support through the death of a spouse and a

greater need to access services associated with declining health as issues for older refugees. Loss of status in a different culture can also be a problem.

Altinkaya and Omundsen (1999) highlight common perceptions of older people:

The common assumption that an older refugee is helpless, passive and dependent is often quite different from the reality. Emphasising the difficulties faced by older refugees can result in a skewed picture that does nothing to recognise the resilience and stamina of people who have experienced events we are unlikely to face and cannot easily imagine. Many older persons are highly motivated and they have come from an environment where they were more likely to be givers than receivers of aid. (Altinkaya and Omundsen 1999:34)

Altinkaya (1995) notes that older refugees are essentially unemployable, and therefore tend to be at end of the line for English courses. They can also be seen to have 'learning difficulties' when other problems are in fact the cause of the trouble, including their health and trauma experiences. She points out that providers often misidentify older refugees' needs. Teachers often assume they want language related to banking, hobbies, grandchildren, celebrations, food, and their previous occupations, when in fact, they also want to learn about dispute management, conversation, form-filling (health and social welfare), reading medicine labels, describing symptoms, news and current affairs.

In an example of an initiative aimed at older refugees, a church agency in the United States (Greear 1998) has specifically sought to reach older refugees, with the primary aim of linking them with services and providing them with opportunities to socialise through outings, concerts and shopping trips. The agency also helps older people apply for citizenship and provides casework for those needing more attention.

#### **4.10 Asylum Seekers**

While asylum seekers are not refugees until their status has been approved, a number of studies discuss their needs. According to Robinson (1999), these include a speedy decision, dignity, access to health care, information, temporary accommodation, and language tuition. New Zealand, Australian, Canadian and American studies all criticise delays in determining asylum seekers' status and the consequent effects on their health.

For example, Upirety et al (1999) found that asylum seekers in New Zealand show profound depression, hopelessness and helplessness. Low income, non-recognition of their qualifications, poor quality housing and lack of social support all compound day-to-day stress levels. Women and children are the most vulnerable. Unlike quota refugees, asylum seekers receive no effective medical screening until their application for refugee status is approved, which may take up to two years. In response to this situation a pilot nation-wide campaign to encourage refugee status claimants and their families to receive free health screening and to get any necessary treatment is being developed by the NZIS and the Ministry of Health in consultation with communities (Minister of Immigration 2000).



Silove, McIntosh and Becker (1999) agree with Uprety et al that in Australia, as in New Zealand, the process of status determination is stressful, with asylum seekers remaining in limbo for lengthy periods of time. They face uncertainty about their future and interrogations by officials, often resulting in retraumatisation. They also face the prospect of deportation and lack access to health and social services. Uprety et al note that the health needs of asylum seekers tend to be greater and more serious than those of mandated refugees. On arrival, asylum-seekers are inadequately informed about existing health services that are available to them, and therefore, make less use of them than they should.

Unlike quota refugees, asylum seekers in New Zealand:

- generally have to find their own accommodation on arrival (the Auckland Refugee Centre in Auckland can cater for only 25 asylum seekers at a time)
- are not eligible for formal language training during their first few months in New Zealand
- have no introductory programme to New Zealand culture
- are unassisted in their day to day living
- have no income or work permit until the first immigration interview to formally decide if they have a case to seek official New Zealand refugee status. Usually, this first interview is completed at the airport or when lodging their claim
- are only eligible for emergency benefits or assistance with no housing supplements
- need legal advice, which is usually expensive, for the preparation and presentation of their cases
- usually take time to obtain a community services card. (Uprety et al 1999:6)

In Canada too, the status determination process has been criticised, most notably by Crepeau et al (2000). The authors found that as well as making inappropriate legal judgements, officials involved in the determination process often lack the cultural understanding for their work.

In Britain, too, the process is lengthy, with 9% of asylum seekers in a survey still waiting for an initial decision from the Home Office after five years (Bloch 2000). Almost half of those surveyed would have preferred a destination other than Britain, preferably in a country with more open policies.

#### **4.11 Conclusion**

Commentators agreed that all refugees, regardless of their status, need support both on arrival and for a number of years following resettlement.

Mental health needs attract particular comment. These include both the effects of trauma before arrival and the pressures of resettlement. Commentators call for a better understanding of refugees' experiences by professionals and society in general and for improved services to meet their needs. Refugees and asylum seekers often arrive with unaddressed physical health needs. Women have particular health needs. Almost all

countries recognise the need for bicultural and multicultural interpreters who are trained to work in the health area.

The literature on employment acknowledges that many refugees have difficulty obtaining employment that matches their skills, experience and qualifications. Poor language skills are a major problem but factors within the host country, such as lack of information, inadequate support networks and the economic climate also have an effect. Some refugees have responded by setting up their own businesses with the support of their own communities.

Access to language tuition is widely recognised as a crucial factor in aiding resettlement. So is the social support provided by members of refugees' own ethnic communities, although potential or actual tensions within such communities need to be recognised.

Family reunification is a high priority for refugees, both for the safety of family members and to meet their own emotional and practical needs.

Internationally, there is strong agreement on the needs of refugee groups, with access to language classes being high on all lists. Certainly, in New Zealand, the needs appear to be particularly great in the provision of language and education classes, the availability of appropriate and competent interpreters and access to health services, particularly for mental health.

Some groups need extra help or recognition. These include women, young people and older people who have needs peculiar to their age, gender or status. Women are likely to experience a change in status, their family and work patterns will be different and they are likely to have a range of unmet health needs. Young people are also likely to have health needs associated with displacement, their roles within their families may have changed and they are likely to experience difficulties at school. Separated children or 'unaccompanied minors' are a particularly vulnerable group.

Older people are most likely to experience problems with language but often have little or no access to language classes. They may become isolated and at risk in their own homes.

While asylum seekers are not refugees unless their status is confirmed, they do have health, housing and support needs during the waiting period. The time it takes to have claims heard is a cause for concern in many countries.

## **5 Barriers to Resettlement**

This chapter has strong links to the previous chapter, which suggests that many of the needs identified by refugee groups have not been met. The chapter discusses eight major barriers to the resettlement of refugees. The first four of these are to do with the refugees themselves or their ethnic communities, the other four are to do with the host society.

### **5.1 Introduction**

In leaving their home countries or countries of asylum, forced migrants lose family and community networks as well, in most cases, as social and occupational status. Many face social isolation due to language difficulties, cultural differences between home and host societies, lack of personal contacts, and fear. They experience difficulties building new social networks, and suffer from geographic isolation both within the new country and from family overseas (Manderson et al 1998).

Government agencies and NGOs contributing to the UNHCR Overview (1997) of resettlement policies agreed that constraints to resettlement include in order of priority:

- lack of employment
- racism/discrimination
- delays in family reunification
- inability to speak the language
- qualifications and experience not recognised
- lack of resources dedicated to integration programmes.

For the most part governments and NGOs agreed on the rankings but governments placed more importance on employment. The overview did not gather the views of refugees, who tend to put a higher value on family reunification (Abbott 1997, Leisure and Community Services Unit 1997, Canadian Council for Refugees 1998, Bihi 1999). Bihi (1999:122) describes it as essential to refugee adaptation and “the most serious factor that causes refugee anxiety”.

This chapter begins by looking at four factors that are related to refugees themselves and to their communities.

### **5.2 Social Dislocation and Separation**

One of the most immediate effects of forced migration, particularly from war-torn areas, is the splitting and scattering of households and communities (Matsuoka and Sorenson 1999). As Elliott (1997) points out, the majority of recent wars have occurred within states, often resulting in previously close communities being torn apart.

Abbott (1997) highlights the practical and emotional impact of separation, noting that participants in her study experienced feelings of worry, frustration and helplessness, guilt, hope, disappointment, sadness and isolation. They had difficulty sleeping and

concentrating and experienced financial pressures as a result of supporting family members in a conflict zone. The Somalis in her sample identified the greatest impact of separation as:

...the loss of opportunities to interact socially and professionally within Australian society, resulting from the lack of support at home to care for children. Therefore, they were not able to become familiar with the new society. The Tamils identified the continual emotional effect of separation as the greatest impact on settlement. (Abbott 1997:95-96)

The separation of families between countries can also lead to financial pressures, with family members living in the host country feeling a duty to support others still living overseas. Matsuoka and Sorenson (1999) recorded that 72% of Southeast Asian refugees living in New Zealand were sending money to relatives overseas. Liev and Kezo (1998), Bihi (1999) and Elliott and Gray (2000) note that Ethiopian and Somali refugees have an obligation to friends and family left behind in refugee camps in Africa. They are expected to send money, support them and seek to bring them to New Zealand. This can be expensive with some families paying application fees, medical fees and airfares with money saved from benefits and poorly paid jobs.

Barriers to family reunification in New Zealand include immigration as well as practical problems. Immigration problems include:

- the length of time it takes for applications to be processed
- the inability to meet documentation requirements
- accessing information about immigration rules and regulations
- the failure of immigration officers to take into account the special circumstances involved in a refugee family's reunion case<sup>5</sup>
- the failure to recognise special needs e.g. isolated HIV cases
- cost. (NGO Sector 2000:28).

Refugees often face insurmountable problems in obtaining documentation for relatives living in war-torn or refugee source countries. Nor is it always or even usually possible to obtain medical reports on physical health, let alone psychiatric reports.

As well as the difficulties refugees face in trying to bring members of their family to their host country, separation can also create pressures on individuals who have to adopt 'non-traditional' roles in their new circumstances, e.g. women from Eritrean society having to get work outside the home, or people from higher classes having to do tasks previously performed by servants (Matsuoka & Sorenson 1999). However, migration also leads to new opportunities (e.g. work and education) that would not otherwise have been available to certain individuals such as women from patriarchal cultures (Matsuoka and Sorenson 1999).

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<sup>5</sup> Immigration officers do not have the discretion to take into account the special circumstances involved in a refugee family's reunion case.

Manderson et al (1998:271) point out that women who immigrate with children only, without a partner or other adult family members, face exacerbated resettlement difficulties as a result of their sole parenting role. This can lead to social isolation and “vulnerability to other individuals and circumstances”. These women typically lack a family network that can provide them with financial, emotional and instrumental support during resettlement. They may be particularly vulnerable and frightened, having lost close family members, often in traumatic circumstances. Women remain at risk of many crimes, including rape and related sexual abuse, regardless of country or political context, including in the host country. It is erroneous, say Manderson et al (1998), to assume that the disadvantages which women faced in their country of origin disappear on arrival in the receiving country. For example, the maintenance of the ‘old’ culture may include the maintenance of traditional gender roles, including the subordination of women. The need to care for children (who may also be traumatised) may limit their access to work and to opportunities to acquire job skills, thereby increasing financial vulnerability.

### **5.3 Health Problems**

Several commentators, including Robinson (1999) and the NGO Sector (2000) cite refugee trauma as a significant resettlement barrier, and the mental and to a lesser extent physical health needs of refugees are a recurring theme in the literature. As well as psychological stress:

...the health needs associated with newly arrived refugees may include high levels of untreated illness, complications arising from war wounds or amputations and the treatment of resulting disabilities. (ECRE Task Force: Health 1999:9)

Refugees, such as the Bosnian refugees arriving in New Zealand, may also have unaddressed dental health needs (Madjar and Humpage 2000).

Manderson et al (1998) point out that migration itself is a life-altering event, exacerbated for many by the extreme distance between home and host countries, and the cultural, economic and political differences between the two. Chan and Christie (1995) point to culture shock as an important difficulty for Indo-Chinese refugees in Hong Kong. Valtonen (1998) identified psychological stress resulting in part from the displacement and loss of moorings from close social and familial ties as common among Middle Eastern refugees in Finland. North (1995) has discussed the health needs of Cambodian refugees in New Zealand concluding that past atrocities, deprivation and profound loss often lead to serious ill health. This in turn is both the cause and consequence of inability to acquire new skills and education, low facility in English, unemployment and poverty. These limit social interaction with people outside the Cambodian community, leading to a sub-society on the margins.

### **5.4 Absence of Strong Ethnic Communities**

Writers such as Wahlbeck (1998) and Steen (1993) point to the need for strong ethnic communities as a source of support for resettled refugees, particularly in terms of

integrating into society, and finding employment. However, refugees are often unable to establish strong and united ethnic communities in their new country, because old political allegiances continue to influence, and divide, refugee communities. McSpadden and Moussa (1993) identified such political divisions as barriers to building a strong community in the case of Ethiopian/Eritrean refugees. On the other hand, the political beliefs that divide the group as a whole can unite those smaller groups of refugees on either side of the divide (Wahlbeck 1998).

When cultural norms dictate that partners should come from within one's own culture, the small nature of a refugee diaspora can create problems for some refugees in terms of finding partners to marry. For example, Matsuoka and Sorenson (1999) found that young men from Eritrea living in Canada sometimes experienced anxiety because of their inability to find a mate, and some young women considered returning home in order to find a husband. The NGO Sector report (2000) makes a similar point in relation to refugees in New Zealand, noting that for quota refugees and asylees from smaller ethnic groups, "the only chance for choosing a bride or groom and getting married may involve an engagement before departure or a marriage which is arranged by friends or family" (NGO Sector 2000:33). New Zealand immigration policy requires that there is already a genuine relationship between the bride and groom before permission to enter is given. The paper describes this test as culturally inappropriate in cultures where contact between a bride and groom prior to marriage is restricted or even forbidden. The paper concludes that:

...declining a refugee-fiancé application may be a serious shock to a former refugee. It prevents and slows down settlement for the individual already here and may in fact involve psychological and social trauma. (NGO Sector 2000:34)

However, it should be noted that in response to the NGO report, there has been a recent addition to the NZIS operation manual to allow decisions to be made on a case by case basis, with cultural factors such as arranged marriages being taken into account.<sup>6</sup>

## 5.5 Cultural Clashes

Resettlement may be particularly problematic for cultures with patriarchal or hierarchical structures. McSpadden and Moussa (1993) found that the refugee experience of Ethiopians and Eritreans is characterised by the destruction and fragmentation of significant relationships – social, familial and political. In resettlement, the community is primarily composed of young persons who are without their elders, traditionally the guides and decision-makers.

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<sup>6</sup> **Spouse policy (from the NZIS Operations Manual Section V3.35.1(c)) is as follows:**

If the parties to the proposed marriage have not met and/or have had no or only limited direct contact with each other the application should not automatically be declined. Instead visa and immigration officers should take into account whether or not such lack of contact is consistent with the cultural background of the parties to the proposed marriage. In such cases applicants may be able to demonstrate that there is genuine intent to marry in New Zealand by supplying evidence of any specific arrangements and/or ceremonies which have been carried out.

In referring to Somali refugees in New Zealand, Bihi (1999:96) notes that mediation of disputes by elders and extended family is not practised as before because respect for the elders is diminishing among the Somalis.

Moving to countries of significantly different cultures may preclude some particular groups within the refugee community from integration, for example those for whom traditional roles are now redundant. For example, Aberle (cited in Colson 1999) observes that older Navajo women, following the forcible resettlement of the tribe after settlement of a land dispute, lost one of their most important functions when they no longer had stock to supervise.

Factors within the host community are also important. These include racism, barriers to labour market participation, shortages of accommodation and policy and data issues.

## **5.6 Racism**

Prejudice against refugees among members of the host community presents a significant barrier to resettlement (Elliott 1997). In the context of Middle Eastern refugees in Finland, Valtonen (1998) points to racist attitudes as a factor hindering successful social interaction with the receiving society. At another level, subjects of her study often felt pressured to conform with the cultural norms of the receiving society, which they perceived as a threat to their own cultural identity.

Commentators in the United States, as well as in New Zealand, have noted the prejudice some Muslim cultures, and women in particular, face as a result of the way they dress as well as their religious practices (Mohamed et al 1998, Bihi 1999).

A related point raised by Matsuoka and Sorenson (1999) and other writers is that people in the host country sometimes have difficulty understanding the reasons why refugees have had to leave their home countries. This can lead to a perception that refugees have 'chosen' to move, in order to further their own economic positions by exploiting opportunities in the host country. This in turn can fuel racist attitudes towards refugees.

## **5.7 Barriers to Labour Market Participation**

Labour market participation is an important determinant of integration. Valtonen (1998) observes that refugees who are unemployed from the outset of resettlement, or for long periods, are at risk of becoming socially excluded from the mainstream, since the main source of regular social contact with other groups is often through the workplace.

The Canadian Taskforce on Mental Health Issues Affecting Immigrants and Refugees (1988) identified barriers to entry to trades and professions as:

- language proficiency
- evaluation of academic credentials
- allocation of credit for foreign experience
- examinations

- systemic discrimination
- translation and interpreter services

Lack of language ability presents a significant barrier to securing employment (Valtonen 1994, Canadian Council for Refugees 1998, NGO Sector 2000). Wahlbeck (1998) found that Kurdish refugees arriving in the UK arrive principally from Turkey, seldom speak English on arrival, and tend to be poorly educated. Thus, many of them face problems in the labour market and are forced to work in 'sweat shops' in north London. Examples of language barriers for other communities have also been identified in New Zealand (Liev and Kezo 1998, Bihi 1999, Madjar and Humpage 2000). Authors who have identified language facility as a barrier commonly refer to the lack of adequate tuition as an additional obstacle.

Robinson (1999) cites the problem of re-establishing a career without any proof of qualifications as a major difficulty faced by refugees. For refugees with university and professional accreditation, equivalency and accreditation procedures can be an obstacle to the practice of their professions or the continuation of studies (Valtonen 1998). Such procedures have been found to inhibit integration in leading immigrant-receiving countries such as Canada and Australia. Migrants often find their skills or qualifications are not directly transferable and are required to undergo further training in the receiving country. A recent study of Sri Lankan migrants to New Zealand (not necessarily refugees) found that, despite having good English and tertiary qualifications, over half were in positions lower than those they previously held. The barriers to employment they faced were similar to those identified for Australia (Iredale and D'Arcy 1992):

- lack of New Zealand experience
- lack of understanding by employers about applicants from other countries
- lack of New Zealand qualifications
- limited English
- bias or racism
- discrimination by recruitment consultants (Basnayake 2000).

Refugee migrants face similar barriers, often experiencing a drop in social status relative to their position back home (Valtonen 1994, Chan and Christie 1995). For example, Farmer and Hafeez (1989) found that among Southeast Asian refugees in New Zealand, downward job mobility was due to non-familiarity with New Zealand's economic structure, poor English proficiency, low education and non-recognition of overseas qualifications. Steen (1993) found that staff in employment agencies in Denmark required Tamil refugees to apply for comparatively menial jobs, even when they had been professionals or skilled tradespeople in their own country. Thus refugees often face "blocked opportunity and confinement to the secondary labour market on the basis of ethnicity" (Chan and Christie 1995:83).



## 5.8 Shortage of Accommodation

The NGO Sector report (2000:17) notes that the task of housing quota refugee families begins well before refugees arrive at their final destination and is largely the responsibility of the Refugee and Migrant Service and Housing New Zealand. While local and central government housing agencies are usually co-operative in this, there is no guarantee that suitable housing will be available when needed and refugees must normally accept what is on offer, even though it may be far from ideal.

For many refugees who are used to very different societies, neighbourhoods and lifestyles, this can be very difficult and adds to the trauma of resettlement. (NGO Sector 2000:18)

Agencies face considerable difficulty in finding appropriate accommodation for single refugees, particularly where they have no relatives or established communities in New Zealand. The problem lies predominantly with single males, and is experienced most in Auckland and Wellington.

Family reunification and humanitarian cases can also face accommodation problems. Their sponsoring families may already be under financial pressure and have limited ability to help. The report of the NGO Sector (2000) points out that many of the families sponsored in recent years have been adult siblings and their families.

On arrival these families must be established as independent households. Families of six to ten members are not uncommon. However, according to WINZ [now DWI] policy these people are not eligible for a Re-establishment Grant. In practice, there is inconsistency in the application of this policy and some families have been able to get grants. This only adds to the frustration and confusion of other families and their advocates who are unable to access such assistance. (NGO Sector 2000:21)

Problems with finding appropriate accommodation are not unique to New Zealand. The ECRE Task Force on Integration: Housing (1999) notes that many refugees face accommodation problems, with accessibility problems due to:

- housing shortages
- discrimination by the receiving community, in particular from landlords
- allocation schemes: lack of choice, dispersal, sometimes with housing far away from other facilities such as education and child care
- failure to recognise specific needs. (ECRE Task Force on Integration: Housing 1999:11)

The report points out that housing and employment are often related, in that many refugees are unemployed. In order to be eligible for housing would-be renters often have to prove that they have a steady income. Thus, those without a job are in a difficult starting position in the housing market.

In another example, Wahlbeck (1998) found that Kurdish refugees arriving in the UK tend to be handed quite quickly from the Immigration Service to the Refugee Arrivals Project (RAP). This organisation is expected to move people into the community within a day or two of their arrival. However, this is often not possible because housing is very scarce in London and local councils only provide housing to those with special needs. Single refugees must largely fend for themselves and usually face acute housing problems.

## **5.9 Policy and Data Issues**

Robinson (1999) points out the need for information on refugee populations. He explains that the absence of any official data on refugees in Britain is a critical problem for agencies responsible for refugee assistance, because these agencies are unable to determine how many refugees they are supposed to assist, or their socio-economic characteristics. Furthermore, this lack of knowledge can lead to a 'culture of disbelief' among service providers that there is a need for action at all.

Wahlbeck (1998) suggests that, in Britain, there is a tendency to regard refugees as 'ethnic minorities' in a multi-cultural society, which can create problems because the specialist needs of refugees (e.g. help with psychological problems) may be overlooked.

In a report on quota refugees for the NZIS, Zwart (2000) concluded that:

Recent New Zealand research on refugees is largely small scale and locally and ethnically based and cannot, therefore, provide information which could be used for policy development at a national level. Consequently, there is a clear need for nationally based research which describes:

- a) the full spectrum of services available to quota refugees, in both government and non-government sectors, and the policies and objectives which underpin these services;
  - b) the key needs of quota refugees, and the gaps in the provision of these needs; and
  - c) the information needs of service providers with regard to refugee resettlement.
- (Zwart 2000:19)

NGOs themselves tend to highlight the lack of a comprehensive resettlement policy as a major barrier to their efforts to resettle refugees (NGO Sector 2000). They also refer to:

- inadequate funding levels
- uncertainty of funding and changing criteria which make it difficult to plan, maintain and operate quality consistent services
- the detrimental effects of increasing caseloads
- lack of support for family reunification
- lack of availability of interpreters (Human Rights Commission & Race Relations Conciliator 2000, Crombie 2000).

Because family reunification cases are sponsored to New Zealand under 'normal' immigration policy, the New Zealand Immigration Service cannot disaggregate data on family reunification cases through its database. This inhibits research on, or monitoring of, the needs of this group.

Waxman (1998) identifies similar policy and funding barriers in Australia, adding that geographical dispersion makes comprehensive service delivery difficult, as does disproportional access of powerful migrant groups to resources.

## **5.10 Conclusion**

Agreement on the barriers to resettlement is strong. Some of the barriers are closely related to an inability to meet refugee needs, others are related to attitudes or behaviours within the host population.

Social dislocation and separation leads to emotional stress as well as to financial difficulty and practical problems, for example, in maintaining or restoring family relationships and caring for children. Family members have to adapt to a lifestyle and practices that are very different to what they are used to, and which are often based on different values. Refugees' poor health can also inhibit their ability to resettle.

The lack of a strong ethnic community and the inability to maintain traditional social and familial practices can also be problematic as refugees seek to balance the need for integration with the desire to maintain their cultural integrity.

Their efforts to integrate may be further hampered by factors within the host society. Racism, religious prejudice and lack of understanding of the refugees' experience can lead to hostility and discrimination. This can spill over to discrimination within the workplace, compounding language difficulties, the lack of recognition of qualifications and low expectations of refugees' ability. In New Zealand, a shortage of appropriate and affordable accommodation exacerbates other pressures.

As is the case in other countries, New Zealand has limited data on refugee populations, a situation which it is now seeking to address.



## **6 Strategies to Meet Refugee Needs**

This chapter looks first at the need for a co-ordinated policy for refugees then at initiatives and suggested strategies in particular areas of resettlement.

The latter section draws heavily on the good practice guides prepared by the European Commission on Refugees and Exiles (ECRE) (ECRE, 1999), which set up a Task Force on the Integration of Refugees in the European Union. The guides were prepared after consultation with refugees as well as with staff from NGOs, local authorities, government departments and other service providers. Each guide includes examples of initiatives or services that demonstrate good practice.

### **6.1 Introduction**

The literature identifies a variety of ways to meet refugee needs ranging from developing a cohesive policy framework, to providing adequate support for agencies providing services and small local initiatives. Many of these have not been evaluated and may or may not be transferable to other locations. The literature stresses the need to involve refugees themselves at every stage including policy development, planning, service delivery and evaluation (Duke 1996, McDermott 1997, UNHCR 1997, ECRE 1999, Zwart 2000).

A number of countries, including Australia, Canada and the countries of the European Union (EU), have reviewed their resettlement policies and practices, and developed either best practice or service guidelines. On a smaller scale, individual agencies have developed initiatives to improve the settlement prospects of individual or groups of refugees in their care.

### **6.2 An Overall Policy Strategy**

New Zealand is one among several countries, including Canada, the United States and Britain, where commentators have identified a need for an overarching policy relating to the resettlement of refugees (Joly 1996, Leisure and Community Services Unit 1997, Waxman 1998, Bihi 1999, Crombie 2000, NGO Sector 2000). In New Zealand, the need was identified as far back as 1980 by McCalman and von Toorn (1980).

In an Australian study, Waxman (1998) concludes that:

The key to meeting the needs of the clients [refugees] is through co-ordination and consultation between the government and NGOs, including community representatives from the recent arrivals, ideally under the auspices of a refugee settlement policy. (Waxman 1998:768)

Joly (1996) calls for a similarly comprehensive policy in Britain, stressing, as others do, the need for refugee involvement in decisions and service provision and for public education to increase the receptivity of the community to refugees.

In a paper prepared for the New Zealand Immigration Service, Zwart (2000:63) concludes that service provision “could be vastly improved by developing centrally-based policy, planning and information gathering on the resettlement of quota refugees in New Zealand”. One of the reasons for the inconsistent approach at present is the variety of policy objectives of the different agencies involved in resettlement. Zwart summarises these as:

- to demonstrate New Zealand’s fulfilment of international obligations
- to help refugees move from welfare to independence
- to strengthen their families as part of communities
- to help them become literate, and fluent in English
- to counteract their disadvantage in the labour market and
- to ensure their health needs are met as New Zealand residents. (Zwart 2000:63)

She suggests that a comprehensive policy should include nationally consistent and well-planned service provision with no ad hoc responses. It would also offer an integrated package of services that acknowledge the individual needs of refugees, and recognise that refugees have special needs that set them apart from other New Zealand residents. Support also needs to be long term and to work to empower refugees.

In the opinion of the NGO sector (2000:6), “a well planned response based on early intervention will lead to the resolution of problems and build skills. Without this, costs will compound in health and mental health care”. The sector sees such a response as an investment to reduce further expenditure later and to decrease benefit dependency, associated social problems and the development of a new social and economic underclass. They describe the components of a successful resettlement policy as:

- establishing a safe home in a secure community to provide a feeling of permanence in contrast to the insecurity and absence of rights that typify the refugee experience
- reuniting families to allow families to care for other family members which is basic to the values of cultures from which refugees come and to lessen the sense of isolation and alienation that hinders the adjustment process
- being based on a case management approach to co-ordinate the resources of resettlement
- providing adequately for physical and mental health needs
- providing language training to enable participation in society and access to services
- gaining employment by making existing skills transferable, or acquiring a set of skills.

In response to these issues, in December 2000 the government agreed to objectives for refugee resettlement that will lead to the development of an integrated strategy to co-ordinate government policy and service delivery across departments and other agencies. The development of an overarching strategy for refugee resettlement “will ensure: clear objectives; improved use of resources (particularly between central government, local government and non-governmental organisations); more effective policy and services,

which are appropriately resourced; and achievement of the best possible outcomes” (NZIS Cabinet Paper December 2000)

Specific objectives for refugee outcomes noted by the government are to develop policies and structures that facilitate for all refugees:

- the establishment of a home
- full participation in, and contribution to, New Zealand’s social, cultural and economic life, including participation in employment and education
- matching of opportunities with capacity, and building of opportunities and capacity at the community level
- literacy and fluency in English, as far as possible
- the good health of refugees, including physical, psychological, and spiritual health
- the strengthening of refugee families and their communities within the New Zealand community and
- opportunities for refugees to sponsor family members to New Zealand (within the scope of the prevailing immigration policy). (NZIS Cabinet Paper December 2000)

The Interdepartmental Committee on Refugee Resettlement (IDCRR) has been involved with the development and implementation of the strategy<sup>7</sup> and mechanisms to ensure that it operates well are still being worked through.

The Human Rights Commission and the Race Relations Conciliator (2000) support the call for all refugees to receive the same settlement services, whether they have obtained their status through the quota, through family reunification or through seeking asylum.

Some, like Waxman (1998), contend that the process of resettlement needs to start earlier, with better consultation and greater co-ordination between providers prior to refugee arrival, including consultation with those working on the ground. Waxman believes that providers should be informed as to the numbers, background and anticipated locations of arrivals to allow appropriate liaison and co-ordination of agency and community support. The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) recommends a multilingual series of pre-migration orientation programmes in collaboration with immigrant service agencies and ethno-cultural organisations for dissemination in refugee camps.

Australia does have a National Integrated Settlement Strategy for migrants generally, which has as its priorities:

- English language training
- access to the labour market
- settlement information
- access to housing

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<sup>7</sup> The IDCRR has existed since 1995, is comprised of a number of government departments and is chaired by the NZIS. The IDCRR has developed a cycle of meetings with refugee community representatives and non-government organisations that work with refugees.

- enhancing support for sponsors of migrants and refugees
- translating and interpreting services
- integrating services for Humanitarian entrants and
- enhancing support provided for ethnic aged. (Refugee Resettlement Advisory Council 2000:11)

Humanitarian entrants are eligible for services under this policy but may also be eligible for specialised services such as accommodation support, health services like torture and trauma counselling, and individualised assistance in accessing government and community services. In reviewing services for refugees in Australia, Majka (no date) argues that a special refugee resettlement programme consistent with the principle of equality of life chances is needed to deliver a comprehensive aid package for new arrivals.

### 6.3 Funding Needs

In almost all settlement countries there are calls for long-term, stable funding for agencies and local authorities engaged in the resettlement of refugees (Joly 1996, Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988, Bihi 1999, Crombie 2000, NGO Sector 2000).

### 6.4 Core Values

The Canadian Council for Refugees (1998) has identified 12 core values that underpin best practice guidelines for analysing, evaluating, planning and delivering services and information-sharing. The values are:

- **services are accessible by all who need them.** Access is assured by providing a welcoming environment and culturally appropriate services in the client's own language where possible and appropriate. Information about the service is communicated effectively, including through outreach. Where possible, services are offered irrespective of immigration status in an environment that is geographically and physically accessible, where women feel comfortable and childcare is available, where appropriate.
- **services are offered in an inclusive manner, respectful of, and sensitive to diversity.** Inclusion is assured by recognising the diversity of needs and experiences, offering anti-racist services and providing a non-sexist environment. Services should also enforce a policy of non-discrimination, offering non-judgemental services that respect different perspectives within newcomer communities.
- **clients are empowered by services.** Empowerment is assured by fostering independence and encouraging client involvement in all areas of the organisation, including on the Board and as volunteers. Recognising, affirming and building on newcomers' experiences, resources, skills and wisdom is important, as is providing information and education to allow clients to make their own informed decisions. Services need to offer programmes and services leading to employment and career



advancement in a supportive environment and support clients' rights to choose from among service providers the approach that best suits their needs.

- **services respond to needs as defined by users.** Services do this by undertaking an individual assessment of client needs, expectations, goals and priorities as well as assessing the needs and priorities of newcomer communities and the host society. Newcomers should be involved in needs assessments and services need to be flexible to respond to needs.
- **services take account of the complex, multi-faceted, interrelated dimensions of settlement and integration.** Services do this by recognising the diversity of an individual's needs and responding wherever possible to a variety of needs at once through having a range of services in one location. Services also need to be aware of the implications of policy, avoid compartmentalisation and provide opportunities for fun and relaxation.
- **services are delivered in a manner that fully respects the rights and dignity of the individual.** Services should be confidential, free of racism, sexism and other forms of discrimination, respecting the fundamental rights of each participant. They need to comply with a Code of Ethics, offer a professional quality of services, which recognise the uniqueness of each person. They also need to provide full and accurate information and have good monitoring, selection and training of volunteers.
- **services are delivered in a manner that is culturally sensitive.** This can occur by having staff and volunteers from the same background as the clients being served and ensuring that service providers are knowledgeable about the cultures of those being served.
- **services promote the development of newcomer communities and newcomer participation in the wider community, and develop communities that are welcoming of newcomers.** This is achieved by giving priority to community building, developing community leadership, investing in the development of newcomer communities and building bridges between communities. It also involves working towards changes in public attitudes towards newcomers.
- **services are delivered in a spirit of collaboration.** This is achieved by promoting partnerships between organisations that build on the strengths of each. The focus will be on team building, good working relationships, good communication and information sharing.
- **service delivery is made accountable to the communities served.** This is achieved by ongoing monitoring, evaluation, performance appraisals, having policy and procedure manuals and fiscal responsibility.
- **services are oriented towards promoting positive change in the lives of newcomers and in the capacity of society to offer equality of opportunity to all.** This is achieved by advocating for improvements in policy, developing new programmes and services, improving services through training and research and celebrating successes.
- **services are based on reliable, up-to-date information.** (Canadian Council for Refugees 1998 20-23)

## **6.5 Health Initiatives and Strategies**

Commentators generally agree on what is needed to provide good quality health services for refugees. The Good Practice Guide on the Integration of Refugees in the European Union: Health (ECRE Task Force 1999) considers three aspects of health care: the issue of entitlement and the right to health, access to health care services and dealing with traumatic experiences.

### **6.5.1 Issues of entitlement and the right to health**

The Task Force chose as examples of good practice services those whose main purpose is not just diagnosing but enhancing health prevention on arrival, as well as allowing asylum seekers to access health care facilities. They note that these can be provided under different models:

- the state can be directly responsible, as happens in Ireland
- the state can delegate an NGO to carry out the health check and medical assistance as happens in Nordic countries
- NGOs and charitable organisations offer free medical care to migrants in general as well as to asylum seekers and refugees who are not yet able or are not allowed to access the system. This model is prevalent in southern Europe, including Italy, France, Greece and Spain.

The Netherlands is the only country in Northern Europe to grant full access to health care services to asylum seekers. The Task Force identifies a number of indicators of good practice, including:

- all asylum seekers and refugees should have full access to health care facilities independent of their legal status
- a policy of health prevention and early treatment of consequences of violence and forced migration should be pursued
- a medical check up for asylum seekers should be available on arrival
- the state should be responsible, either directly or through delegation, for the health check of asylum seekers and should provide adequate funding for this
- medical screening should be accompanied by an information campaign to provide reassurance of the confidentiality of the screening
- the procedure for processing asylum applications should be fast and fair.

The indicators also cover networking, training, quality control, the training and use of refugees as health educators and the availability of interpretation services.

### **6.5.2 Access to health care services**

The ECRE Task Force identifies only a few examples of good practice that facilitate refugees' access to and use of health services. Their major goals are informing, networking and empowering refugees and refugee community organisations. Key actors in this process are public or delegated private institutions almost totally funded by governments, for example in northern Europe, health authorities, especially in Britain, and NGOs accessing national, local and/or EU funds.

Indicators of good practice in this area include:

- interpreters and cultural mediators should be paid and work permanently within the health services, and be appropriately trained
- refugees should be employed more often as cultural mediators making use of their specific background, skills and experience
- experience and knowledge of medical doctors with refugee backgrounds should be used and managers with different cultural backgrounds should be employed within the health service
- efforts should be made to raise the awareness of health providers about refugee issues
- specialist refugee services should form a permanent part of mainstream health provision and benefit from long-term public support. They should act as a bridge to mainstream provision and be available for as long as they are needed
- the provision of health information to asylum seekers and refugees should be improved through leaflets, radio and television programmes and home visits by nurses, as well as information sessions in different languages
- mutual co-operation should be established between NGO's and Health Authorities
- a clear legal framework should be established for access to health to avoid relying purely on the good will of providers. (ECRE Task Force: Health: 1999:24)

Crosland (1991) and Zwart (2000:67) contend that health policy in New Zealand does not specifically recognise refugees. Crosland argues for the establishment of a comprehensive, ongoing social and health services plan that addresses the special needs of refugees. The United States Committee for Refugees (USCR 1997) argues for a similar plan and level of co-ordination in the United States.

In his New Zealand study of the special health requirements of North Health's ethnic minority population, Solomon (1995) identifies the need to improve health care communication, especially among ethnic minority women born in non-English speaking countries and the response to ethno-cultural difference. Like others (Blakely 1996, USCR 1997), he highlights the need for interpreters who are on-call and community-based, and for information that is culturally appropriate and more widely available. Staff also need to receive training in cultural sensitivity to improve their understanding of specific refugee issues, a point made by others, including the USCR (1997). Julian (1995) notes that cross-cultural awareness training is a two-way and interactive process, with staff and ethnic communities exchanging information in a way that enables shared understandings to develop.

### **6.5.3 Dealing with traumatic experience**

The ECRE Task Force also stresses the need to spread knowledge about trauma and rehabilitation to health care providers generally so that more refugees and asylum seekers can be treated near where they live, rather than having to travel to a specialist unit. They comment:

The simple setting up of “special units” to help traumatised refugees leads to the treatment of a small privileged minority and a long waiting list for others. The real issue is to be where the people are. (ECRE Task Force: Health: 1999:38)

The Task Force’s signposts to good practice in this area include:

- innovative ways should be devised to deal with trauma and promote refugee health
- immediate psychotherapeutic help should be offered to traumatised asylum seekers/refugees
- rehabilitation and help centres should be set up
- a shift should be made from specialised centres to an improvement in expertise in regular services
- a holistic approach should be adopted
- medical/psychological follow up should be ensured through home visits by nurses
- outreach work should be used to go where people are
- treatment should be flexible and creative
- practical help/solutions should be provided to everyday problems
- clients should not be made to feel they are victims
- rehabilitation programmes should be adapted to different cultures
- rehabilitation should be considered as part of a “transversal” process not separable from social/economic status. (ECRE Task Force: Health: 1999:39-40)

In a Norwegian study, Hauff and Vaglum (1997) also support the provision of especially designed outreach programmes as the most appropriate and accessible to many refugees, suggesting that these may improve their contact with psychiatric services.

Silove (1994) an Australian psychiatrist working with refugees, recognises the need for treatment but acknowledges the difficulty of providing appropriate therapy for them. He cites the need for therapists who have an understanding of the psychological effects of torture, including female counsellors and bicultural workers who can work with women survivors of rape, while unaccompanied minors and the elderly also need special attention. He too stresses the need to work closely with other agencies and to maintain liaison with ethnic communities and cohesion amongst services.

The USCR (1997) believes that the issue of appropriate services for refugees is largely ignored by mainstream institutions because they rarely receive requests from refugees. The Committee comments:

If you don’t have someone who speaks Chinese in your clinic, it is unlikely that Chinese speakers with mental health problems will seek your help. (USCR 1997:6)

Like the ECRE Task Force, the USCR also believes that innovative approaches can work. These include drama, individual and group work and meeting in different places. Their view is supported by Nylund et al (1999) who have developed an art-based programme funded by UNICEF for working with displaced children.

## **6.6 Education and Literacy Initiatives and Strategies**

Among all resettlement countries, the ability to speak the language of the host country is acknowledged as a fundamental need for resettlement.

### **6.6.1 Language courses for adult refugees**

The ECRE Task Force: Education (1999) recommends free access to language courses, with a guaranteed minimum number of hours determined, co-ordinated and funded by government to ensure that all refugees are proficient up to a certain level. Specially designed, high quality training courses co-ordinated at the national level, should be available to all teachers who teach refugees and asylum seekers. The Task Force also includes as best practice indicators:

- provision to cater for isolated cases and the needs of smaller groups
- provision for childcare and travel costs to improve class attendance by all refugees
- other incentives for refugees to attend classes.
- These views are supported by New Zealand commentators (White 1996, AUT 2000, Zwart 2000). At present, only the Home Tutor Scheme and some Multicultural Centre for Learning and Support Services programmes are specifically designed to meet the distinct needs of refugees (particularly women). For those more housebound, there are few options. Nor is there a system to ensure equitable and effective delivery.

### **6.6.2 Education provision for refugee children and young people**

Refugee children and young people need access to appropriate education. They have often experienced disruption to their education, and may face language and cultural barriers. The process needs to begin with the assessment of each student's capabilities and needs.

The ECRE Task Force: Education (1999:8) believes that it is vital for students and their family or guardians that the education provider obtains accurate initial information about the pupil, including his/her origin, languages, educational background, health, immigration status and future plans. It is also important that both the pupil and guardian understand the education system and what will be expected of them. The Task Force identifies five indicators of good practice in assessing children and young refugees. These are:

- assessment of educational levels should consider all language competencies in order to get a full picture of the language and cognitive abilities
- standardised systems of assessment should be developed and implemented nationwide in order to create a consistent process; a properly co-ordinated approach is especially important for pupils who are frequently being rehoused and therefore changing schools
- national education authorities should focus on the issue of benchmarking and, in order to ensure that standards are achieved, they should develop benchmarks for the assessment procedure

- ministries should establish a co-ordinated approach to assessment in order to be able to provide refugee children and young people with the appropriate education to which they are entitled
- in view of the variety of special needs that refugee children and young people may have, it is essential that interagency communication is established and supported between health services, educational welfare services, youth services, language services, special educational needs support services and career services.

The Task Force also identifies a need for teacher training about issues facing refugee children, and the provision of useful teaching materials for the integration of refugee children in schools. It is also important to give refugees improved access to teacher training courses, with specific training developed for them. Children in the host country also need to increase their awareness of refugee issues.

Auckland Uniservices (2000) has set out best practice for refugee children within schools in New Zealand. It identifies seven sets of issues for consideration. These are:

- psychological and therapeutic needs. These require interventions which focus on multiple arenas and approaches that are able to cross cultural as well as historical boundaries
- language needs, where contextual factors must be taken into account – what may be best practice for one person may not be for another
- fostering resilience through providing mentors, fostering a nurturing, accepting and caring school climate as well as programmes that promote the development of personal resources, strengthening social networks through language teaching, school-wide activities; and group processes in class
- easing the transition to a new country and culture through co-ordinated support on arrival, involving all parties in the design and the delivery of programmes and services, fostering pluralism and diversity and encouraging maintenance of the language of origin
- structure of schools, school policies and teaching practices with effective communication channels, induction processes, leadership, knowledge of refugee culture and community, anti-racism and bullying policies, professional development of teachers
- facilitating school change and teacher development to ensure that teachers are receptive and supportive to initiatives for teaching refugee students
- inclusive education, through programmes which cater for culturally diverse instructional needs and encourage the appreciation of such cultural diversity. These are likely to be particularly useful in the prevention of learning difficulties and behaviour problems for these students (AU 2000:123 -129).

The ECRE Task Force on Integration: Education (1999) points out that refugees from the age of 14 to 25 need special support and provision. They are approaching the end of their school careers but often have no school qualifications.

Sometimes they are refused places in mainstream higher education, and are therefore driven into vocational training that is not always appropriate or desired. Even worse, they are forced to stay at home with nothing to do because they are too old for compulsory education (over 16), but too young for adult language provision (18). This group has the capacity and potential to achieve high levels of motivation. However, if neglected, motivation levels can fall to the other extreme. (ECRE Task Force on Integration: Education 1999:22)

## **6.7 Employment Initiatives and Strategies**

Refugees themselves and agencies that work with them identify employment as a key priority, yet refugees typically experience difficulties in accessing the labour market. Assistance needs to be provided in a number of areas, beginning with career and vocational guidance.

### **6.7.1 Career and vocational guidance**

Some countries, particularly the United States, place great emphasis on refugees obtaining employment, and use employment status as an indicator of settlement. A demonstration project in the United States was set up with the express aim of accelerating refugee employment, thereby reducing their dependence on cash assistance. Participants in the private programme did achieve employment earlier, but like those in the public programme, were working in low-paying and low-status jobs with no prospects for advancement. However, those in the public programme spent more time in education over the research period and achieved significantly more educationally than those on the private programme (Hohm et al 1999, Sargent et al 1999).

Several commentators argue that programmes like these that encourage refugees into low-status work can limit integration into the host society. McSpadden (1999) describes how a policy in the U.S. designed to achieve rapid self-sufficiency on the part of Ethiopian and Eritrean refugees often conflicted with their aspirations to improve their education and attain high status employment. Bureaucrats “pushed refugees into immediate employment, usually in low-paying, dead-end jobs without any prospects for upgrading. Independence, in terms of this bureaucratic mindset, was equated with narrowly defined economic self-sufficiency” (McSpadden 1999:252).

The ECRE Task Force: Education (1999) recommends that refugees receive individual assessment and specialised career guidance before, during and after the completion of language courses, with the assessment taking into consideration issues such as health, family situation and personal plans. Refugees should also be able to access mainstream vocational training as soon as they have reached a certain level of language competence.

### **6.7.2 Recognition of qualifications**

The recognition of qualifications has been identified as a problem for refugees. The ECRE Task Force: Education (1999) has set out nine principles of good practice in this area. They are:

- recognition of qualifications both for education and employment should be a right

- procedures for recognition should be simple, transparent and effective, and carried out in accordance with international conventions and standards. They should lead to a recognition statement that is authoritative and accepted by employers and education providers
- educational recognition should give access to an appropriate entry point in education
- recognition for employment should allow access to all aspects of the job with the exception of areas of work related to national security which governments reserve for their own nationals
- in cases of partial recognition, when a qualification does not reach the appropriate standards of the host society for that particular qualification, provision for remedial action (such as adaptation or bridging courses or supervised retraining) should be made available to refugees
- advice, guidance and funding with regard to recognition of qualifications should be made available
- provisions that normally require some kind of intervention from the refugee's native government or institutions (such as the 'legalisation' of diplomas) should be waived
- in the absence of papers, refugees should be given the opportunity to 'reconstruct' their qualifications through alternative means such as photocopies, student ID cards, sworn statements and other testimonials.

In a New Zealand study, Chile and Brown (1999:13) note the lack of professional retraining programmes for migrants, including refugees. They identify "an urgent need for training institutions to identify the skill levels of professional migrants and match them with the professional requirements of the respective professional bodies in New Zealand to enable them to design appropriate retraining programmes."

### **6.7.3 The right to work**

The ECRE Task Force on Integration: Employment (1999) identifies several indicators in the field of good practice for refugees and asylum seekers with regard to the right to work:

- those with refugee status should have unconditional access to permission to work under the 1951 UN Convention
- given the current length of asylum determination, governments should make a commitment to give permission to work to asylum seekers who have not had a decision after a reasonable period
- it is generally agreed that six months is a "reasonable period" after which asylum seekers need to begin a process of integration
- after this period, the right of asylum seekers to access government funded training programmes should be guaranteed
- dependants of asylum seekers (spouse and children over 16) should be included in the right to work or have access to training
- alliances need to be created with employer organisations, trade unions, the public and the media to press for changes when these are still needed.



#### 6.7.4 Reducing barriers to employment

While lack of recognition of qualifications is a major barrier to employment, lack of experience can also be an issue. The ECRE Task Force suggests that where possible, employment schemes should include periods of work experience. Joly (1996) recommends the appointment of employment officers to prospect for jobs and promote the refugees to employers, while Bihi (1999) recommends:

- job training and skills upgrading
- the use of tax incentives or other symbolic measures aimed at convincing employers to hire refugees for the first three years of residence
- strong advocacy aimed at alleviating employers' concerns about refugee qualifications, reliability and cultural practices
- encouragement for qualified refugees to be hired on a voluntary basis in their professions as a trial for testing their capability
- allowing refugees to earn a certain amount of money before losing their income support benefits as an incentive to working
- encouragement to self employment by providing assistance to small business development through training and furnishing the initial investment
- employing some skilled refugees to render necessary services to their community groups. (Bihi 1999:121)

A meeting report by the British Refugee Council (2000) stresses the value of “diversity management” in employment, both in the public and private sector, adding that “refugees must be recognised as being part of the mainstream by joining the diversity debate and promoting the skills they have.”

A Danish contributor to the same meeting pointed to the need to “fit” refugees into the labour market through tools such as language training, qualification advice, support, benefit/tax adjustments and subsidies. He argued that organisations also need to be reminded of their social responsibilities and the benefits of diversity.

Many refugees choose to become self-employed rather than seeking employment in the mainstream. In a review of programmes to promote micro-enterprise among refugees in the United States, Else and Clay-Thompson (1998) found that the programmes needed to provide training in refugees' national languages, rather than through interpreters. Refugees wanted training that answered their immediate questions and moved them quickly towards opening a business. Flexibility in lending policies and operations was a hallmark of effective programmes. Flexibility was also one of the main reasons why Cambodians in New Zealand preferred to use *tontines* instead of mainstream sources of finance (Liev 1996).

The ECRE Task Force: Employment (1999) recommends allowing personal benefits to continue for a reasonable period until a business is seen to be sustainable. It sees this as a cost-effective alternative to keeping refugees on benefits. Refugees may also need to be encouraged to diversify beyond the service and retail sectors.

## 6.8 Support Services

Cultural and social integration is an important part of the integration of refugees into a host society. Integration is a two-way process and requires the promotion of understanding and tolerance among the host community as well. This includes establishing links with the media as well as local authorities. The main need for many agencies offering support is reliable and adequate funding, but Bihi (1999) also stresses the need for capacity building in refugee community organisations, through technical advice as well as funding.

Zwart (2000) identified an increasing need for 'in depth' services, including practical advice, social support and counselling. In New Zealand, many organisations are offering services which are not included in their organisational objectives and for which they are not necessarily funded. Zwart believes that it is important for NGOs to develop and retain clearly delineated roles for providing services in different areas. Duke (1996) agrees that refugee community groups in particular tend to spread themselves too thinly and to deal with a multitude of issues simultaneously. They would benefit from concentrating on a limited number of aims and objectives.

## 6.9 Asylum Seekers

Many issues relating to asylum seekers have already been discussed in this chapter. There is also support for co-ordinated support for asylum seekers. In a New Zealand study, Uprety et al (1999) recommend setting up an Integrated Comprehensive Support Centre to act as a 'one door shop' umbrella organisation to improve asylum seekers' access to services. In particular, they recommend that the Centre's programme should include:

- a thorough needs assessment and a comprehensive health screening on arrival
- transitional accommodation
- orientation about health and other services using understandable visual aids
- English language classes
- ensuring that appropriate interpreting and translation services are available
- providing regular check-ups for mental and dental health, immunisation, counselling, health education and general health check-ups
- provide effective referral services
- provide access to legal and advocacy services
- provide appropriate information and educational material
- establish information and operational research
- promote a functional partnership with other agencies to share resources
- establish and co-ordinate an effective network with mainstream health and social services to avoid duplication and confusion.

## **6.10 Conclusion**

Many host countries have undertaken reviews of the strategies they need to improve integration opportunities for the refugees they accept either under a quota or as family reunification cases or as asylum seekers. They agree that resettlement strategies need to be comprehensive, well co-ordinated, properly funded and innovative. They need to involve refugees themselves at every stage to ensure expressed needs are met. At the same time, they need to extend into the host community in recognition of the fact that integration is a two-way process, and requires engagement, understanding and generosity on the part of the host community as well as learning and adaptation by refugees and asylum seekers.



## 7 Measuring Resettlement

### 7.1 Indicators of Resettlement

A 1997 survey by the UNHCR shows that resettlement countries generally have little in the way of established criteria for assessing whether refugees have integrated into the host society. The most commonly used measures are economic, with relatively few taking into account the refugees' own perspective.

The UNHCR overview (1997) found that several countries measure language acquisition on an ongoing basis (Australia, Canada, The Netherlands). In Norway, three main indicators are unemployment amongst immigrants, education, and contacts with persons from the same background and with Norwegians. The United States measures employment of refugees 90 and 180 days after arrival. It also undertakes an annual survey of refugees which measures employment status, English language proficiency, earnings and use of public assistance. Recent surveys have shown that English speakers are more likely to gain employment (Peters 1999).

The Canadian Council of Refugees (1998) points out that *settlement* and *integration* are multi-dimensional concepts, involving the social, economic, cultural and political spheres. The speed and degree of integration can vary from sphere to sphere, with outcomes in one sphere affecting outcomes in another. Montgomery (1995) also found that predictors of adaptation may not have the same effect, or any effect, on another component. Interactive effects are very important.

The Council proposes a range of indicators for each sphere as follows.

Dimension	Short-term Settlement	Longer term integration
Economic	<ul style="list-style-type: none"> <li>▪ Entering job market</li> <li>▪ Financial independence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Career advancement</li> <li>▪ Income parity</li> <li>▪ Entry into field of prior employment</li> </ul>
Social	<ul style="list-style-type: none"> <li>▪ Established social network</li> <li>▪ Diversity within social network</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accessing institutions</li> <li>▪ Engaging in efforts to change institutions</li> </ul>
Cultural	<ul style="list-style-type: none"> <li>▪ Adaptation of various aspects of lifestyle (e.g. diet, family relationships)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Engaging in efforts to redefine cultural identity</li> <li>▪ Adapting or reassessing values</li> </ul>
Political	<ul style="list-style-type: none"> <li>▪ Citizenship</li> <li>▪ Voting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation in political parties</li> <li>▪ Participation in socio-political movements</li> </ul>

The Council stresses that indicators will be more reliable if refugees themselves identify them and cites a 1994 project in which immigrants proposed a number of indicators. Five of the top ten indicators related to employment, while others related to good mental

health, language skills, the safety and wellbeing of children while parents work, and a harmonious family life (Canadian Council for Refugees 1998:9).

Farmer and Hafeez (1989:173) argue that the level of income of a refugee is “the most accepted indicator of a successful ...adaptation in the host country”. A sufficient income is the minimum required to support the principal applicant(s) and their families, with some allowance for other problems involved in socio-cultural adaptation.

Individual studies have used a variety of measures. For example in Finland a study of refugees’ living conditions and integration was carried out in 1993-4. Indicators were employment, income, education and training, following mass media, voting, applying for citizenship, friendships, discrimination, language ability, relationship with own ethnic community and willingness to return to country of origin (UNHCR 1997).

The principle of involving refugees themselves in all aspects of integration, including evaluation, is well established in the literature (see p.62 above). Montgomery (1995) argues that:

More thought should be devoted to the distinction between subjective (self-report or perceived measures) and objective measures of adaptation or adjustment. It is becoming apparent that how refugees feel about their experiences or rate their own progress is as important as objective indicators from the host government’s perspective. (Montgomery 1995:696)

Valtonen (1998) also argues that subjective life-quality or wellbeing is an important dimension of integration. Life quality is assumed by Valtonen to be indicated by the gap between the self-reported goals of those resettling, and their actual participation in the host society.

Sargent et al (1999:11) urge the use of qualitative methodology in refugee research to complement quantitative or objective measures. Qualitative approaches can also help in the design of outcome instruments and enable findings to be checked one against another. They also facilitate the interpretation of quantitative data.

Joly (1996) extends the concept of qualitative research to include the need for an understanding of the home culture of refugees, on the basis that this will have a major impact on how they will adapt to their new country. She believes that refugees’ attitudes to their homeland may also be relevant, particularly if there is a possibility that they may return. Responses of the society of reception towards refugees have also been shown to influence settlement, and Joly suggests that it is useful to examine “the factors related to the country of reception and in particular the impact of discrepancies between the society of origin and of reception” (Joly 1996:152).

Gender issues also need to be taken into account (Crosland 1991, Colson 1999) as do the needs of older refugees (Refugee Action 1987) and young people (Humpage 1999).

## **7.2 Research and Data Collection in New Zealand**

As noted at the beginning of this review, the New Zealand research tends to be small-scale and localised. The research cited in this review covers:

### **7.2.1 Ethnic groups:**

- African generally - Chile 1999
- Bosnian - Madjar 2000
- Cambodian - Blakely 1996, Crosland 1991, Liev 1996, North 1995
- Eritrean - Shadbolt 1996
- Ethiopian - Liev and Kezo 1998, Shadbolt 1996
- Kosovar - Devere et al 2000
- Lao -Smith 1997
- Somali - Bihi 1999, Brightwell 1996, Humpage 1999, 2000, Jenkinson not dated
- Southeast Asian generally - Farmer and Hafeez 1989, Henderson 1989
- Sri Lankan -Basnayake 2000
- Vietnamese - Blakely 1996

### **7.2.2 Sub-groups of refugees:**

- asylum seekers - Uprety et al 1999
- children and young people – Auckland Uniservices Ltd 2000, Elliott et al 1995, Humpage 1999
- women – Crosland 1991, Jenkinson not dated, Meares 1995, NZIS 1994, North 1995

### **7.2.3 Research areas:**

- employment – Basnayake 2000, Chile 1999, Live 1996
- health – Aggett 1996, Blakely 1996, Mathieson 1993, Meares 1995, North 1995, Pernice 1989, Reid et al 1997, Solomon 1995
- language and literacy – Altinkaya and Omundsen 1999, Auckland University of Technology 2000, Henderson 1989, Smith 1997, White 1996, White 2000
- legal rights – Bell 1999, Haines 1995 and 1998, White 1996
- resettlement generally – Bihi 1999, Chile 1999, Devere et al 2000, Farmer and Hafeez 1989, Human Rights Commission and Race Relations Conciliator 2000, Leisure and Community Services Unit 1997, Liev and Kezo 1998, Majdar and Humpage 2000, McCalman and van Toorn 1980, McDermott 1997, NGO Sector 2000, Shadbolt 1996, Stanton 1995, Zwart 2000
- sponsors and support workers – Baré 1999, Brightwell 1996, Henderson 1999.

The summary above highlights the lack of information on family reunification migrants and on asylum seekers. In her review of policy and service provision for quota refugees in New Zealand, Zwart (2000) identifies three steps that need to be taken towards

improving service provision. These can usefully be extended to include information on family reunification cases and asylum seekers. The steps are:

- generation of a database providing accurate nationally based information on refugees
- a survey to monitor resettlement outcomes of refugees in their first year
- development of an integrated policy (informed by quality research) with guidelines for consistent, streamlined service provision nation-wide.

### **7.3 Conclusion**

Developing measures of resettlement is clearly a complex task, which needs to take account of both subjective and objective factors, as well as of the experiences of different ethnic groups and sub-groups within the refugee community, including women, children and young people, older people, family reunification migrants and asylum seekers.

Indicators that approximate integration need to be meaningful to refugees and cover a reasonable period of adjustment.



## **Part 3**

### **Conclusion**



## 8 Conclusion

This review of the literature on refugee resettlement has focused on recent New Zealand and international material on issues relating to resettlement and best practice for addressing these issues. Although the majority of New Zealand refugee studies have been small scale and situation specific, or related to one national or ethnic group, or age or gender group, refugees and asylum seekers are an increasing area of study and interest. Internationally there are now a number of large-scale comparative studies and academic journals and publications dedicated to the issues.

Refugee resettlement is reserved for only a small percentage of the refugee population as a whole, and is aimed, in theory, at those with the greatest need of protection.

The literature acknowledges that the definition of resettlement is itself open to question. There is no agreed time limit by which resettlement should have occurred and no agreement on the extent to which refugees should be expected to assimilate rather than integrate with their host society. The lack of consensus on definitions is apparent at the government level as well as among refugees themselves and among members of the host society, including the media.

Responses to resettlement are equally varied and have changed over time. Selection processes tend to have tightened over recent years. Asylum seekers in particular face greater restrictions and long delays in having their claims considered and/or accepted. Avenues for family reunification are also limited in many cases.

While several countries have recognised the need for a cohesive, integrated policy for resettlement and for greater co-ordination among service providers, many also face calls for more resourcing and better service development. The special needs of children, women and older people have been identified.

Internationally, there is strong agreement on the needs of refugee groups, with access to language classes being high on all lists. Certainly, in New Zealand, the needs appear to be particularly great in the provision of language and education classes, the availability of appropriate and competent interpreters and access to health services, particularly for mental health. Particular groups, such as women, children and older people, are also poorly served under the present arrangements.

Many refugees receive considerable support from their own ethnic communities, but in some instances, these communities are themselves divided or under pressure. They may not be in a position to provide the level of help that new refugees need. There can also be tensions between individual refugees and their communities as well as between individuals, ethnic communities and the host community.

Refugees also need support from the wider community. Discrimination and prejudice, ignorance and lack of understanding can inhibit the resettlement process. The role of the media in influencing public opinion is also discussed in the literature as are tensions

between countries' need to balance internal pressures against their obligations as a member of the international community.

The lack of measurement of refugees' resettlement is an international rather than a local issue. Very few countries have systems or procedures for measuring how well refugees have adapted to life in their host country, and relatively few countries have involved refugees themselves in the development of such measures.

A key feature of the literature is its emphasis on the importance of including refugees themselves at all stages of the settlement process, including policy making, service development, service delivery and research. With the greater number of ethnic groups now included in the refugee community, this is increasingly important, although the involvement of such a diverse group will also present something of a challenge. Capacity building among the refugee community and in service organisations, education and health services and government agencies is an area that should have a high priority.

With such an investment, the benefits that refugees bring to the community, rather than the "burden" they are seen to impose, will then become apparent more quickly.

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## Appendix 1 Acronyms used in this review

ADIMA, DIMA	Australian Department of Immigration and Multicultural Affairs
AUT	Auckland University of Technology
CIC	Citizenship and Immigration Canada
CYFS	Child, Youth and Family Services
DWI	Department of Work and Income
ECRE	European Commission on Refugees and Exiles
ELR	Exceptional Leave to Remain
ESOL	English for Speakers of Other Languages
EU	European Union
IHSS	Integrated Humanitarian Settlement Strategy
IIRIRA	Illegal Immigration Reform and Immigration Responsibility Act
NGO	Non Government Organisation
NZIS	New Zealand Immigration Service
NZQA	New Zealand Qualifications Authority
ORR	Office of Refugee Resettlement
PTSD	Post Traumatic Stress Disorder
RAP	Refugee Arrivals Project
RAS	Refugees as Survivors Centre
RCA	Refugee Cash Assistance
RMS	Refugee and Migrant Service
TOPs	Training Opportunities Programme
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USCR	United States Committee on Refugees
US or USA	United States of America
VSU	Voluntary Services Unit